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# UNITED STATES DISTRICT COURT SOUTHERN DISTRICT OF NEW YORK

DEQUAN REYES PRO BE UP FRO

2023 MAR 23 PM 3: 37

PLAINTIFF(S)

#### -AGAINST-

CITY OF NEW YORK, LOUIS MOLINA, ERIC ADAMS, CO MCNIEL, CO WOLONSKI # 5460, CO KEVIN YOUNG(GRVC) CO PRESTON RITTER(GRVC), ADW HARRIS(GRVC), WARDEN CORT (GRVC), ADW GREEN (GRVC), CHARLTON LEMON, CAPT LE-FLUER (GRVC), CAPT RIVERA #1230(GRVC), WARDEN COLLINS(WEST FACILITY), CO ADAMS (GRVC VISITING ROOM OFFICER), WARDEN JEAN RENEE, TIFFANY MORALES, JONELLE SHIVRAJ, JOANNE MATOS, LISA BARNBEY (ALL CREATED, ENDORSED CLO 13/21), CAPT GUAN (GRVC), CO BRANCIE(GRVC) 1A BUBBLE STATION OFFICER), CO COX (GRVC HEARING OFFICER), CO FIRRINAS (WEST FACILITY), CAPT PALMERO # 1888(GRVC), CO RODRGUEZ # 9067 (GRVC), ADW TYRONE CATER, (NOW EXECUTIVE OFFICER), THOMAS GRIFFIN (ASSISTANT COMMISSIONER), JOHN DOE OFFICER FROM MAY 18, 2021 INCIDENT, JOHN DOE OFFICER FROM OCTOBER 11, 2022 INCIDENT, JOHN DOE OFFICERS AND JOHN DOE CAPT FROM CLINIC VIOLATION INCIDENT MENTIONED HEREIN SAC, MADW HENRY (GRVC), CO VELEZ # 14011, CO BROS # 10295, ADW TYNEKA GREEN, CAPT BERNARD MATHIS, CO PAULINO # 13927 (GRVC), CO MORRIS # 10720, Capt BLAKE (CRVC), (GRVC), Capt Law # ADW MANNING # 1366, CAPT RAMOS # , CAPT REYES# (cashier building), John DOE OFFICER FROM CASHIER BUILDING)

CIVIL COMPLIANT NO. 23-CV-01145(UA)(\_\_\_)

TRIAL REQUESTED

#### FIRST AMENDED COMPLAINT

PURSSUANT TO U.S.C. § 1983, § 1985(2)(3), AMERICAN DISABILITIES ACT AND OTHER STATE RELATED VIOLATION NAMED HEREIN.

## PERSERVATION REQUEST/NOTICE/DEMANDS:

IN ORDER TO ENSURE THAT THE PLAINTIFF IS AFFORDED THE OPPORTUNITY TO PROSECUTE THIS COMPLAINT HE DEMANDS THAT THE GENTICE, BODY CAMERA AND HAND HELD CAMER FOOTAGE FROM EACH INCIDENT AND DATE MANTIONED HEREIN THIS FIRST AMENDED COMPLAINT BE PERSVED WHICH SAHLL INCLDUE THE FOLLOWING DATES: MAY 18, 2021, JULY 2021, OCTOBER 2022, NOVEMBER 16, 2022, DECEMBER 1, 2022, JANUARY 16, 2023, JANUARY 19, 2023OCTOBER 13, 2022 UNIT 4A, FEB 3 2023 1A, 2-17-2023 1A, 2-25-2023 1A, 3-2-23, 3-5-2023, 3-8-23,

Plaintiuff commencs this action Pursuant to 42 U.S.C. § 1983 and 42 U.S.C. § 1985 (2)(3) and other respected federal and state statues SEEKING PUNITIVE AND COMPENSATORY damages/relief against the defendant(s) named herein, to be sue in both their official and individual capacities for the violation of the plaintiff rights.

Plaintiff also asserts supplemental state law duties/claims against the defendants as well for violation of their statutory and common law duites, as well for claims of "RETALAITION", "NEGLIGENCE", "INFLICTION OF EMOTIONAL BISTRESS" CRUEL AND UNUSAL PUNISHMENT" DELIBERATE INDIFFERENCE TO MEDICAL CARE" and more.

### PARTIES:

At (all) times mentioned herein, plaintiff DEQUAN REYES was and remains a resident of the State of New York.

At all times mentioned herein plaintiff was and remains a pretrial detainee confined to the custody, control and care of the defendant CITY of NEW YORK and its department of CORRECTION.

Upon information and beliefs and at all times mentioned herein defendant CITY OF NEW YORK (hereinafter Referred to as "CITY"), was the defendant and remains the body of coporate and public, consituting a Municipal coporation duly organized and existing under and virture of the laws of the State of New York.

Upon information and beliefs and at all times mentioned herein this complaint the CITY maintian the CITY of New York department of Correction(herein after referred to as DOC), pursuant to Law.

Upon information and beliefs and at all times herein defendant LOUIS MOLINA was employed by defendant CITY holding the position as COMMISSIONER.

Upon information and beliefs and at all times mentioned herein defendat ERIC ADAMS was employed by defendat CITY holding the position of MAYOR.

Upon iformation and belifs and at 11 times mentioned herein, defendant ADW TYNEKA GREEN was employed by defendant CITY holding the position of assistant deputy warden.

Upon information and belief and at all times mention herein defendant TYROINE CARTER was employed by defendant CITY holding the position of deputy warden of GRVC.

Upon Information and beliefs and at aall times mentioned herein defendant PRESTON RITTER was employed by defendant CITY holding the position of correction officer.

Upon Information and belifs and at all times mentioned her in defendant HENRY was employed by defendant CITY holding the position of assistnt deputy warden.

Upon information and belifs and sat all times mentioned herein defendant KEVIN YOUNG was employed by defendant CITY holding the position of correction of officer.

Upon information and belifs and at all times mentioned herein defendant HARRIS was employed by defendant CITY holding the poistion of assistnat depputy warden.

Upon information and belifs and at all times mentioned berein defendant McNIEL was employed by defendant CITY holding the position of correction oficer.

Upon information and belifs and at all times mentioned heria defendant CORt was employed by defendant CJTY holding the position of WARDEN of GRVC.

Upon information and belifs and at all times mentioned bacein defendant LEMON was employed by defendant CITY holding the position of CAPTAIN at GRVC.

Upon information and beleifs and at all times mentioned becain defendant RIVERA sheild 1230 was employed by defendant CITY holding the position of CAPTAL

Upon infomration and belifs and at all times mentioned herein defendant Le-FLUER was employed by defendant CITY holding the position of CAPTAIN at GRVC.

Upon information and beliefs and at all times mentioned herein defendant ADAMS was employed by defendant CITY holding the position of correction officer.

Upon information and belifs and at all times mentioned herein defendant COLLINS was employed by defendant CITY holding the position of WARDEN of WEST FACILITY.

upon information and belifs and at all times mentioned herein defendant JEAN RENEE was employed by defendant CITY holding the position of WARDEN of GRVC.

Upon information and beliefs and at all times mentioned herein defendant WONOSKI was employed by defendant CITY holding the position of correction oficer.

UPon information and belifs and at all times mentioned herein defendant TIFFANY MORALES was employed by defendant CITY holding the position of deputy warden.

Upon information and belifs and at all times mentioned herein defendant JONELLE SHIVRAN was employed by defendant CITY hoplding the poistion of deputy warden.



Upon information and belifs and at all times mentioned herein defendant LISA BARNABY was employed by defendant CITY holding the position of deputy wards warden.

Upon information and beliafs and at **QII** times mentioned herein defendant JOANNA MATOS was employed by defendant CITY holding the position of deputy warden.

Upon information and beliefs AND at all times mentioned herein defendant JOHN DOE from May 18, 2021 incident was employed by definedant CITY holding the position of correction officer.

Upon information and beliefs and at all times mentioned herein defendant JOHn DOE from Oct 10, 2022 incidnent was employed by defendant CITY bolding the position of correction officer.

Upon information and beliefs and at all times mentioned herein defendant JOHN DOE and JOHN DOE CAPTAIN was defendant that violated plaintiff rights in meddical cubilce in Oct 2022 and was employed by defendant CITY holding the position of correction officer and correction CAPTIAN of GRVC facility.

At all times mentioned herein and upon information and beliefs the defendant CO COX was employed by the defendant CITY holding the position of correction officer (ASSIGNED TO HEARING ROOM OFFICER AT GRVCC FACILITY)

Upon information and beliefs and at all times mentioned herein Defendant PALMERO sheild 1888, was employed by Defendant CITY holding the position as a correction Captain at the GRVC facility.

Upon information and belifs and at all toilmes mentioned herein defendant RODRGUEZ was employed by defendant CITY holding the position as a correction officer.

Upon information and beliefs and at all times mentioned herein Defendant ADAMS sheild unknown ( BUT ASSIGNED TO VISITING FLOOR AT GRVC) was employed by defendant CITY holding the position as a correction officer.

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Upon information and belifs and at all times mentioned herein defendant ADW HANRY was in fact employed by defendant CITY holding Deputy Warden of GRVC.

Upon informationm and beliefs and at all times mentioned herein defendant CO BRANCHIE was employed by defendant CITY holding the position of Correction Officer assisgned to the bubble station at 1a at the GRVC facility.

Upon inforrmation and belifs and at all times mentioned herein defendant CO BROS 10295 was employed by defendant CITY holding the position of correction officer.

Upon information and belifs and at all times mentioned herein defendant CO VELEZ 14001 was employed by defendant CITY hoplding the position of correction officer at the GRVC facility.

Upon information and beliefs and at all times mentioned herein defendant THOMAS

GRIFFIN, was employed by defendant CITY holding the RANK of Assistant Commissioner of New York (
City department
of-Correction. of Correction.

Upon Information and beliefs and at all times mentioned herein defendant Morris 10720 was Employed by defendant city holding the possition Of Floor Officer and Correction officer.

Upon information and belifs and at all times mentioned herein defendent blake# Was holding the rank AS CAPTAIN , AND WAS EMPLOYED (BY) DEFENDENT CITY , IN GRVC

UPON INFORMATION AND BELIEFS AND AT ALL TIMES MENTIONED HEREIN DEFFENDENT CAPT LAW, WASEMPLOYED BY DEFENDENT CITY HOLDING THE RANK AS CAPTAIN IN GRVC.

UPON INFORMATION AND BELIEFS AND AT ALL TIMES MENTIONED HEREIN
DEFFENDENT RAMOS# WAS HOLDING THE RANK AS CAPTAIN, AND
WAS EMPLOYED BY DIFFENDENT CITY, AT GRVC



STATEMENT OF FACTS

GRVC

BETWEEN THE TIME PERIODS OF MARCH 11 2021 through ON OR ABOUT MAY 2ND OF 2022 WILE HOUSED IN UNIT 15A PLANTIFF WAS TORTURKE BY DIFFENDENT CO MORRIS FOR ABOUT A YEAR STRAIGHTHE PLANTIFF WAS

- plantiff state that on the on or about date of june-23-2021 in (15A) diffendent morris was very fustrated at plantiff for not strip searching correctley in unlawful 3-point area seach area , that plantiff said ok forget medical then well im going to my cell im okay, when deffendent morris pulled plantiff wilk HANDCUFFED WITH HIS HANDS BEHIND HIS BACK, YANKINGING PLANTIFF, WITH JOHN DOE OFFICERS HELP, THEN SLAMMING PLANTIFF TO THE FLOOR AND THEN YELLING YEAH YOU BITCH ASS NIGGER I GOT THE UPPER HAND IN THIS HOUSE !!!! this my house plantiff then noticed that hid tooth was now chipped from being slammed face first to the floor, and also that his lip was busted plantiffs chin was also bleeding a little! plantiff was now asking to see medical A.S.A.P WHEN DEFFENDENT MORRIS TOLD THE FLOOR CAPTAIN NO! hes not getting medical captaans name was (palmer campbell ) GRVC CAPTAIN plantiof was a little unconcuise getting up so he dose not remember much FLSE OF INCEDENT.
- PLANTIFF WAS TAKEN TO DENTALE MONTHES LATTER AFTER THISM INCE dent took place proof can be shown in plantiffs dental reports for 2021 or 22...

plantiff notifyed sick call latter that week for tylenol for his head ackes, AND MOUTHWASH TO NUMB THE ACHES OF HIS BUSTED LIP AND BLEEDING GUMBS!

plantiff would like the video of this Incedent, to ALSO Support his ARGUEMENT, IN THE prosecution OF This Complant, HE Demands Gentec Footage and Body Cam Footage!



BETWEEN THE TIME PERIODS OF MARCH 11 2021 through

ON OR ABOUT MAY 2ND OF 2022 WILE HOUSED IN UNIT 15A PLANTIFF WAS TORTURRE

BY DIFENDENT CO MORRIS FOR ABOUT A YEAR STRAIGHTTHE PLANTIFF WAS

to FORCABLE SERCHes -fORCED TO GET NAKED IN SOMETHING CALLED A 3-point search area, WE WHICH EVEN OFFICERS AND INMATES VIEW AS WRONGFUL, BECAUSE IT HAS A CARMEA CAMRA INSIDE IT VIOLATING YOUR PRIVACY ,PLANTIFF WAS SEARCH MANY TIMES OVER (200) in this said area by correction officer morriss shield # 10720 , and captain blake which are both diffendents in this CASE, AND EACH TIME PLANTIFF WOULD PROTEST AND WAS TOLD THAT HE WAS BEING SUBJECTED TO THIS UNLAWFUL STYLE/\$tyle type search by the orders of DIFFENDENTS TIFFANY MORALES, WARDEN RENEE, ADW HARVEY , ADW HENRY, OFFICER WILLAM MC NEIL , CAPT ANDREI BLAKE, CAPT ERICA LAW, WHEN HE WOULD BE COMING FROM AND OR GOING TO, YARD//recreation , clinic, visits, court , and ex...

on or about APRIL 20th and 21,22,24 of 2021 on on the other accassion diffendent co morris denied me medication and my visits so both diffendents dewicd denied me medication, and myn hearing rights and visits for verious days on in diffendent cox said fuck him he dont need no medication and on april 25 or 26 2021 cox said i was dead om my medication, diffendent morris

contacted visit staff and to diffendent capt le flure that plantiff was a snitch, morrid diffendent herein came to plantifs cell and asked plantiff wat was all these 311,s and grievences about invovoling himm and why was i telling, inmates not to disrespect diffendent and instead call 311 on himm when theres

a issue, beleiving plantiff dequan reyes was the root issue of why diffendent was getting contsant verbal repromandations by adw green, and capt maxwell, and adw henry, as retaliation diffendent morris approached plantiffs cell, escorted plantiff to shower then splashed him in the face with piss the left inmate in shower for 3 hours on or about april 2nd 2022 in 15a house, and as you will see in listed case pro se same 3 point issues

and violatioms from same diffendents JOHMANNI ANDUZE V CITY NEWYO 202 .

plantiff visits (contact) (privlages) being taking the effected him harshly his sons mother stop bring hoim because off the essessive searches and none contact, his mom has caught cancer, and he hasn) been able to see her in years, his grand-father has passed, friends has passed away and he with he was able to hug them first! From THE DATES OF OCT 9TH TILL FED-1-23

(II)

AND ON 5-1-2022 CO MORRIS APPROACHED PLANTIFFS CELL DOOR QUIT SWIFTLEY AND SLAMMED PLANTIFF ARM IN FOOD SLOT INJURING PLANTIFFS ARM, THEN TELLING HIM TO NOW CALL 311, FOR MEDICAL ATTENTION, OR SUE 6000 ME PUSSY, WILE WALKING AWAY FROM PLANTIFFS CELL LAUGHING, ALL WILE PLANTIFF WAS HOUSED IN UNIT 15A AT GRVC FACILITY... on or about 4-8-22...

DIFFENDENT MORRIS CHANGED PLANTIFFS PIN NUMBER AND GAEIT TO ANOTHER INMATE, STOPING PLANTIFF FROM BEING ABLE TO CONTACT HIS FAMILY MEMBERS, THE NUMERS THAT WAS CALLEDAT THIS TIME) WAS 646-920-4516, and as YOU WILL SEE THREW YOUR INVESTIGATION ALSO SEE EXIBIT 34 for more proof of incident all because of plantiffs 311 calls on diffendent and not eating hois food which should not be forced apon.. and on the same date of on or about 4-8-22, diffendent poped planfiffs wall jack and never called I.T perposty so that plantiff couldnt call his family and or 311 to motify them stating everyday nigga you gone suffer bitch "after he walked (away), leaving plantiff depressed and not able to use the phone for 3 weeks..

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PLANTIFF STATES HEREIN ON THESE LISTED DATES ,DIFFENDENTS,

CAPTAIN RAMOS # , AND CAPT LAW # ,CAPTAIN OF GRVC

UNITS 11A, 11B, 13A, 13B, 15A,15B (SEG) RECREATIONS PUT

PLANTIFF ON UNLAWFULL RECREATION RESTRICTIONS BASED OF THE

DISSLIKES AND OWN ,WRONGFUL CONDUCTS,AND WAS TOLD NUMERIOUS

OF TIME INSIDE THESE BOX ,AND PUNITIVE LOCKDOWN SETTING HOUSHOLDS

THAT IF HE REPORTED IT THAT , THR HE WOULD DEFFENETLY NEVER

RECIVE RECREATION LATTER ,DIFFENDENTS MC NEIL,AND COWOLONSKI)

TOLD PLANTIFF THAT THEY WOULD MAKE SURE PLANTIFF NEVER USE THE

PHONE IN THERE PRESENTS SO THAT PLANTIFF COULD NEVER REPORT

THE FOLLOWING...

ONOR ABOUT OCT 10TH,11,12,13,14,15,16,17,18,19,20,21,22,23,24, 25,26, 27,28,29,30,31 - OF 2020 Year in Unit 18B NOVEMBER 1ST,2,3,4,5,6,7,8,9, and 10TH PLANTIFF WAS HOUSED IN UNIT 13B AND INFORMED GRIVENCE, and adw Henry That He Wasnt Getting His VISTTS, or REC and SHE STATED THATS GOOD 4 YOU ON OR ABOUT MAY 10TH, 11,12,13, THREW JUNE 10TH 2021 PLANTIFF WAS STILL ON DIFFENDENTS HOT SHEET FOR NO RECREATION... PLANTIFF THEN INFORMED DEPT PHILLIPPS ADW AND SHE SAID THAT SHE WHOULD TRY TO GET ME TO REC ONE DAY, IN 11A BOX...

ONOR ABOUT DECEMBER 1ST,2,3,4,5,6,7,8,9,10 THREW 31ST 2022 IN UNITUSA)
PLANTIFF STATES THE SAME ,ON OR ABOUT DECEMBER 13TH PLANTIFF SEEN ADW
HENRY AGAIN AND HE WAS CRYING , AND SHE STOPED AT HIS CELL AND SAID
BABY DADDY ITS OK RECREATION IS REALLY WHEN YOU GET HOME AND UP IN
THIS PUSSY, RIGHT !?

ON OR ABOUT FEBUARY 1,2,3,4,5,6,7,8,9,10,11,THREW 28TH PLANTIFF (2022) WAS HOUSED IN 13B AND WAS TOLD MANY OF TIMES BY **PLA**FDIFFENDENT CAPT RAMOS THAT HE WASNT REALLY SPANISH, HE WAS A NIGGER AND HE CALLS 311 TO MUCH THATS WHAT NIGGERS DO..

AND THREW OUT ALL OF THIS TIME IN 23 HOURS AND MANDATED 1 HOUR RECREATMONAL PUINITIVE, BOX HOUSING, DIFFENDENTS LAW, AND HENRY, AND MC NIEL, AND RAMOS, ALL AGREED NOT TO GIVE ME SHOWERS SOME DAYS, AND OR VISITS, IF NEEDED PLANTIFFS ALSO TOLD THERE H JHON DOE OFFICERS THAT DID THE DAY TO DAY REC NOT TO STOP BY MY CELL WHEN THERE WALKING WITH THERE BODY CAMRAS ON FOR RECREATION ... FROM 2020 threw 2022!



On or about May 18, 2021 the plaintiff was housed at the GRVC unit 13A and got into a use of force where he was assualted by an defendant DOC Correction Officer who did not have his name tag on leaving plaintioff unable to get his name and sheild number. This Unknown officer slammed the plaintiff hands inside of the feeding slot on the cell door cuaising the plaintiff to been viciously, and causing the plaintiff's "POINTER FINGER" to become fractured. Wolonski #5460 Diffendents Name plaintiff

After this incident the plaintiff was denied medical attention by (JOHN DOE /OFFICERS) and as a result of the plaintiff informing defendant (JOHN DOE /OFFICER) that he was going to contact his lawyer and 311 about the incident defendant (JOHN DOE / OFFICER) opened another inamte's cell door allowing inmate to assualt the plaintiff and destroying the plaintiff's phone wire to prevent plaintiff from contacting 311 and his attorney's to report the matter.

After this incident defendant (JOHN DOE / OFFICER) came back to the plaintiff;s cell and slapped the plaintiff through the feed slot and then began yeilding at the rest of the housing unit that this is 'WHAT EVERY INMATE WILL GET WHO CONTINUES TO SUE DOC NIGGERS). (THE PLAINTIFF DEMAND THAT THE VIDEO FOOTAGE FROM THIS DATE AND HOSUING UNIT BE PERSVED FOR EVIDENCE IN THIS COMPLAINT).

EXHIBIT-1 is the grievance that the plaintiff filed in ordered to properly memorloze this incident.

ON OR ABOUT JAN 1, 2021 THE PLAINTIFF became aware that his property bags were mising in that a large sum of clothing and legal documents crucla to his criminal and civl cases had been siezed. The plaintiff was able to stop defendant security officer RITTER and asked / inquire about this and was told by this Defendant that "THAT IS WHAT I DID JUST TO SHOW YOU WHAT IT IS I MA CAPABLE OF DOING". The plaintiff files a galaxace to properly memoralize this incident and the lost cliamies within this compliant see EXELECTT- 2.

On or abouit April 20, 2021 - May 18, 2021 the plaintiff was being denied his medication whihe caused him to not be able to sleep and/or eat and to prevent him from being able to cope with the mental and medical condition that he was experience from being incarceratted whihe left the plaintiff feeling suicidal and homocidal from lack of medication.

In betwen that time the plaintiff stopped GRVC defendant JEAN RENEE and informed him of such who was in the aquaintaince of defendant RITTER and after a brief conversation with defendat RITTER responded to the plaintiff's concerns by stating "THAT WOULD NOT BE HAPPENING TO YOU IF YOU WERE NOT ALWAYS SUEING DOC NIGGER"

THAT THE INCIDENT WAS MEMORALIZED SEE EXHIBIT- 3.

While at the GRVC the plaintiff enagged in the Goverbment Stimulis program where he recived a stimuls check and signed it for endorsement and then remailed in to his family, the plaintiff was unable to get any response on this matter of the disappereance of his government stimuls check and filed a grievance to proerly memoralize the incident and the theift. See EXHIBIT-  $\mathcal{L}$  herein.

On or about Oct 10 or Oct 9, 2021 the plaintif was transfered to a diffrent housing unit by GRVc ADW Tyneka Green herein as defendnat. While be transfered the plaintiff properly was seized by defendnat TYNEKA GREEN and never given back the plaintiff subsequently filed a griecvance on this that caan bee seen herein as Exhibit— b. The plaintiff then asked defendnat ADW GREEN about his proerty and was told that if he mentioned it or asked her again that she would set him up to get shot (MEANING REHOUSE PLAINTIFF IN A CERTAIN HOSUING UNIT AND ALLOW INMATE TO STAB CUT PLAINTIFF) something ADW GREEN is known for doing within the New York city department of Correction.

ON or about JULY 16, 2021 the plaintiff requested medical care in regards to his finger and right hand still being injured from the incidnet with defendant (JOHN DOE/ OFFICER) where his pointer finger was injured. Plaintiff filed a grievance on this matter bring the attention to defendant WARDEN JEAN RENEE and never was given medical care. See EXHIBIT- 6.

While in GRVC custody on or about Oct 11, 2022 the plaintif was given a scaple by defendnat PRESTON RITTER. later on that day when the plaintiff cell door open he looked up and saw defendnat PRESTON RITTER who was telling him to plaintiff did as he was orderd and instantly felt pain in his throat and chest and began screaming that he needed immedtaley emergency medical attention. The pain from following defendant PRESTON RITTER's order were compaunded by the incident from OCT 10, 2022 where the plaintif was cut and assualted by unknown inmates who he belives SECUIRTY TEAM at GRVC sent becaise oif the fact that inmates screamed such when assualting him.

On OCT 10, 2022 the plaintif was assulted by inmates he did know and was cut durring the assult, while inmates were cuting him the plaintif heard "SECUIRTY SENT THIS" right before he was cut. after being cut correction officer used an illegal and custom polciy, practice, or usgae of defendant CITY and dead locked the plaintiff in his cell without medical attention for close to two days.

The plaintiff informed numeorus officer's and capatyins that he was in serve pain and bleeding and needed emergency medical attention. The plaintiff was unable to obtain the names of these officers and capatins beside the one secuirty officer who he was familiar with CO McNIEL who is named as a defendant herein, along with a defendant CAPATIN LEMON who both denied the plaintiff medical stating to the plaintiff "NOW YOU GOT A TASTE OF YOUR OWN MEDICINE".

THE STATEMENT GIVEN IN PARAGRAPH ABOVE WHEN STATED TO THE PLAINTIFF
WAS ON OCT 22, 2022 WHEN CAPATIN LEMON AND OFFICER MCNIEL WAS TOURING THE
PLAINTIFF HOUSING UNIT OF 4aWHERE THE INCIDENTS TOOK PLACE AT.

Subsequently a day or so later the plaintiff was finally seen by medical staff who indicated that the plaintiff was having hard time breathing. While being seen by medical two correctional personnel violated the plaintiff fmedical privacy rights by standing in cubicle while plaintiff was being seen. These defendants are named herein this complaint as (JOHN DOE OFFICER AND JOHN DOE CAPATIN FROM OCT 2022

These JOHN DOER defendants admitted to the plaintiff while in medical cubicle that they were part of the reason that the plaintiff was cut by unknown inmate bacuse they were all tired of the plaintiff lawyers sueing DOC and costing them money out of their checks.

JOHN DOE CAPTAIN recived a phone call and when he retuned back to cubilce began to inform doctors that he belived that there was nothing wrong with the plaintif fand that sending him out for x-rays would be a waste of time. The plaintiff took this as JOHN DOE CAPTAIN attempt to cover up for defendant (PRESTON RITTER) giving plaintiff a weapon and ordering him to sweetlow it. IF THE Search EVER CAME TO MY HOUSING AREA (HA)

The doctor disreagrded JOHN DOE OFFICER and JOHN DOE CAPTAIN information and sent the plaintiff out to Urgent Care for a stomach and chest X-Ray.

Doctors informed plaintiff that his isue was to serve to be handled by facility medical staff and needed outside hospital to further whatver remedy would be best for plaintiff.

The plaintiff later on that day was transported and admitted at NYC Hospital BELLVUE for stomach surgey and further medical assistance.

The plaintiff sat at hospital roughly three days until doctors gave him the option of either surgey or allowing the balde to pas through his body naturally, with plaintiff taking the later option. After two days of waiting the plaintiff informed the doctors that he would rather the surgey due to the degree of constant pain he was in, but doctors informed plaintiff that defendant's CITY by way of DOC had ordered that the plaintiff be sent back to the facility GRVC as oon as possible interfering with the plaintiff medical needs and medical care without any legitimate penological reason for such interuption.

The plaintiff was ent back to GRVC where he immedately notified every nurse and doctor and JOHN DOE OFFICER wookring his housing unit that he was in serve pain was bleeding when urinating and deficating and need medcial care, whihe was all denied to him for reason that were not given but understood as being in retalaition by plaintiff for his civil litigation against defendant DOC and defendat CITY by way of DOC OFFICIALS.

This occurred even though the pain was obvious wheras medcial staff needed to assit the plaintiff with walking to get on the elevator at the hospital and with the plaintiff informing medcial staff and DOC oficials that he could physically feel the blade moving around insuide of his stomach area of his body.

The plaintif fhad never cleared the chest and stomach X-ray machines and should have never been dischaged back to GRVC facility. For apporxamately 3-6 weks after this the plaintiff would see blood everytime that he urinated and whiped his retun area after defication and when notifying medical and correctional personnel would be denied medical care that was adquite to care for the plaintiff obvious medical needs at the moment.

The plaintiff was never sent back to the hospital for further treatment due to defendant's CITY by way of DOC employee interupting with the plaintiff's medical needs out of retalaition for exercising his FIRST AMEDMENT RIGHTS and numerous lawsuits against defendant CITY from civil lawyer who named high and low ranking DOC OFFICAILS for various conduct alike of that named herein this complaint.

During this time period after returning to GRVC facility defendant McNIEL saw the plaintiff and stated to him "I DONT LIKE YOU AND I WANT YOU DEAD".

Upon returning from the hospital the plaintiff became aware that officeerszhad allowed inmates into his cell to take his belonggings and property. He was told this by the same officer that has allowed the plaintiff to get assulted by inmate on or about OCT 10, 2022.

Upon returning the plaintiff iemmedatley began having nightmares flash and falls backs on being left in the cell on deadlock without getting fed for days (2) while bleeding and hearing all of the inmate yeild to the plaintif that he was a shitch because he was eeking medical care and cameras would be pulled and reviewed showing who had assualted him.

The plaintiff recalled and failed to state earlier herein that while being on dead lock that he was sprayed with a fire exstinughser by officers acting like they were putting a fire out in his cell whihe was really retalaitio out of plaintiff constant yeilding for caopations and deputy wardens assistance to bring light to him being cut.

The plaintiff was also cleaned up and informed that he needed stiches, but was glued up in his wounds and wrapped with a plastic like matter, and informed that DOC staff ordered medical to do such in that manner to cover up the fact that the plaintiff was cut, because they wanted to keep cutting incidents low due to federal monitoring system.

In early NOVEMBER of 2021 the plaintiff was told by GRVC security staff officers unknown but defendant PRESTON RITTER and McNIEL were present and stated with them that defendant RENEE and them togther reached the decison that plaintiff would no longer have contact visition while in DOC cudstody.

On times when the plaintiff did have visits after that defendants CAPATIN Le FLUER who was in charged of visits at GRVC and visiting correction officer defendant ADAMS, denied the plaintiff visitation rights and placed him in booth non-contact visitation without informing him why other than both constantly stating to him (1) I was ORDERED BY WARDEN RENEE TO DO SUCH (2) I DO NOT LIKE YOU ANYWAY RAT.

THE BLAINTIFF WOULD LIKE TO NOTE: XHE WAS NEVER GIVEN NOTIFICATION

AS TO WHY HIS VISITITATION WAS DENIED (WHICH IS STANDARD DUE PROCESS PROCEDURE)

BEFORE SUCH DENIAL BY LAW.

On March 13, 2020 plaintiff property was seized from him by ESU staff unknown named as defendants herein while being transfered to GRVC. GRVC officer in the inatke took part in this seizure without notificiation of why stating that the plaintiff had a record of assulting other inmates and they were going to break him and show him about GRVC.

On or about NOV 21, 2022 the plaintiff filed a grievance complaint in regards to the FIRST AMENDMENT VIOLATION on his visitation to properly memoralize the fact as seen herein EXHIBIT-1.

In or around OCTOBER 2022 the plaintif was rehoused in Courtorder lookdown hosuing unit by GRVC. Before leaving intake to got to hotenexhousing unit 2a the plaintiff's QURAN was seized without reason other than being informed that COURT order LOCKDOWN inamte are not allowed to posess any other religious material outside of a christain bible. The plaintiff later was informed that this was pursuant to CLO 13/21 as seen in EXHISIT- thus plaintiff naming the correctional personnel involve with the creation of such command level orders as defendant herein this complaint for violation of various Constitutional RIGHTS.



While housed in hosuing unit 2a tyhe plaintiff has never been afforded HALAH meal in pursuant to his religious MUSLIM dietary whihe the plaintiff has ben a person that practice the muslim religion since before being in DOC Custody and this fact is documented with DOC Officials as such.

Form the date of being housed in unit 2a in or around Oct 2022 to DEC 2, 2022 the plaintiff was subjected to being left in ERS (ENHANCE RESTRAAINT SET UP) while in side of a cage during his (1) hour recartion period pursuant to CLO 13/21 violating the plaintiff rights of Due Process wheras the courts have long established that process has right to exercise while doing recration time.

On or about Nov 16, 2022 the plaintiff and other inamtes alike were ordered by security staff from GRVC in the housing unit 2a to get naked for a facility search. The plaintiff did as he was ordered and a search was conducted and no contraband was discovered.

secuirty team left the housing unit after search all inmates and returned 30 minutes later where they rsuhed straint to the plaintiff cell without a capatyin, body camera on even though they had body cameras on there \*\*

DOC UNIFORMS.

Defendant PRESTON RITTER sheiled no 7994 and defendant KEVIN YOUNG sheild no 12268 of GRVC security team ordered the housing unit officer to open my cell even though officer requested that a capoatin be present before doing so as hosuing unit polciy states the plaintiff cell door was opned and defendant RITTER & YOUNG forced themselves into plaintiff cell garbbed the plaintiff shoving him to the wall forcifully, then slamming plaintiff on metal bed frame (WHILE SECURTY OFFICER ANDREW HICKSON YEILD DO NOT HURT HIM) in back round.

While this assult by DOC staff was taking place both defendants RITTER & YOUNG was screamming at the plaintiff to tell your man next door to drop his law suits on CAPTAIN MATHIS. The plaintiff responded by informing Defendants

Case 1:23-cv-01145-LGS Document 7 Filed 03/23/23 Page 23 of 225 that he was new to the housing unit and did not even know the inmate in the cell next door to him. When plaintiff stated such defendant YOUNG began choking the plaintiff until he couldnt breathe.

Defendant RITTER then jumped on plaintiff back grabbing the plaintiff right arm from behind and pushing it all the way of the plaintiff's back until it touched his head cuasing the plaintiff to physically hear his shoulder pop out of place.

Defendant RITTER then took his left hand and went inside of the plaintiff s boxer sticking his two fingers in the plaintiff return area condcuting a cavity search while screaming "WHERE THE WEAPON AT NIGGA" , something that the plaintiff knows defendants RITTER and YOUNG to have a DOC history of doing to other inmates.

Defendant RITTER noticed that defendant YOUNG had managed to get the plaintiff handcuffed and that was when defendant RITTER punched the plaintiff in his face twice (2x) times causing the plaintiff jaw to become swollen and his lip to bleed).

Afterwards the plaintiff cell was search agfain with nothing be found, but plaintiff personal property such as \$360 GUCCI sliipers, legal documents, ISLAMIC religious metaerial and writing seized without recipts given.

The plaintiff later learned that defendant RITTER and others had a retaliation campaigned against the inmate next door in an ongoing civil matter where they wanted the plaintiff to dismiss a lawsuit against their ex-capatin Mathis, see matter of <u>ALEXANDER WILLIAMS V. CITY OF NEW YORK</u> ET AL 19-CV-3347(LJL).

Subsequently since being housed in 2A the plaintiff phone call privilged was used as retalaiorty nature and limited whereas the plaintiff Supreme Court Order that initiated lookdwon status does not indictae any phone restriction yet DOC Officials and secuirty team limited the plaintiff phone use without notificiation why.

This limitation placed on the plaintiff's phone calls, and the ERS set up while during recreation periods was and is OVERBOARD and INCONSISTENT with any legitimate penological intrest of DOC.

On Nov 11, 12, 20, 23, 25, 27 and more the plaintiff was not allowed to use the phone because of defendants RITTER and YOUNG not bringging phone to housing unit 2a wheras secuirty was in chaarged of such and no phones were left on unit 2a at all for inmate usage.

On or about Nov 25, 2022 defendant RITTER was present on plaintiff;'s housing unit 2a with a capatin DAVIS and when the plaintiff asked him about using the phone defendant RITTER responded by telling plaintiff that he wouldnt have an issue using the phone if he didnt always sue DOC so he was dead on phone calls. This allowed the plaintif to conclude that defendant RITTER was personally retalaiting against the plaintiff for exercising his first amendment rights.

QURAN and ISLAMIC material back so at least he could properly enagge in his religious stuides to whihe defendant RITTER stated to plaintiff that he wasnt getting shit because Court Order lockdown inamtes are not allowed any other form of religious material outside of a DOC issued Blue bible.

The plaintiff informed Defendant RITTER that he was not a christain whihe caused RITTER to state as he walkeed away that he was going to become a christain now.

It is well stated under the Federal and State Constitution that the government shall not favor one religion over the next but as seen in EXHIBIT- defendant CITY and others have created and endorsed a polciy where the christain religion is promoted and fovored over any other religion including Islamic whihe the plaintiff practices.

On Dec **1**, 2022 at approxamately 12:00pm defendant Mcneil and other secuirty officers names unknown to the plaintiff came to housing unit 2a and defendant Mcneil stated to plaintiff that he was there specifically to harrss him.

Defendant Morneil thenm came to plaintif cell door and began whispering that he shouldnt give the plaintiff the phone today because he has been getting the plaintiff complaints about DOC. He then asked plaintiff how does he like the way that his phone privilges have been being afforded knowing that him and his security team had unlawfully.

When the plaintiff and the phone he saw that defendant Mcniel was pointing at him to other secuirty team members and stating that he had something for REYES speaking in regards to the plaintiff. Hearing this caused the plaintiff to give the phone back to defendant Mcniel to which defendant then stated "IAM SEND A SEARCH TO YOUR CELL TO FINISH UP MY DIRTY WORK" "I'M OSIU NOW SO I DONT GET MY HANDS DIRTY BUT I ALLOW NIGGAS TO FEEL MY WRAFT".

Defendant Mcniel began walking away and stated so that everyone can hear including inmate ALEXANDER WILLIAMS you better ask "WILLIAMS" about my body I get niggas touched whenever I want to.

A few hours later on Dec 1, 2022 the plaintif and others were ordered to pack up and was tarnsfeered to the DOC bus by secuirty tema of GRVc that consisted of defendants Mcneil, RITTER and YOUNG along with other not named as defendants herein this complaint.

Once in the bus I was escorted into the bus to see defendant Mcniel sitting in the driver seat as if he was a bus driver. Once I was on the bus defendant Mcniel began to smack and punch the plaintiff about the neck ribs and face area seeing that plaintiff was handcuffed and unable to defend himself.

He inamte williams to use a cane to strike the plaintiff and then locked my in a cage and went and came back winth defendant YOUNG who took his turn assulting the plaintiff in the ribs while saying I DONT WANT TO LEAVE ANY FACIAL MARKS but I WANT TO LEAVE SOMETHING FOR YOU TO REMEBER ME BY.

After a (Few) minutes inmate WILLIAMS began yeilding at the two defendants Mcniel and YOUNG screaming that his cane is not to be used for assults on inmates, to whoih defendant Mcniel responded by saying "SHUT UP NIGGA YOUR CANE PERMIT EXPIRED SO I WILL USE IT FOR WHATEVER I LIKE".

Another officer came and front of plaintiff and Mcneil and then began driving the bus allowing cniel to come back in front of the plaintiff cage and verbally assult him while plaintiff was the bleeding.

Once plaintiff got to west facility cameras will support and show that his hands were bleeding bad and when the plaintiff got of the bus defendant Mcniel began screaming in the plaintiff face while spittingleaving plaintiff with his boodily fluids in his face while he walked handcuffed to hius cell in sprung six.

Defendant Mcniel went out of his way to follow the plaintiff into his new facility sprung six taunting the plaintiff saying that "I'M NOT DONE WITH YOUR ASS YET REYES I SWESAR I'M NOT".

Subsequently the plaintiff filed numerous grievance about medical on West facility due to being in pain from this assult.

On Jan 16, 2023 the plaintiff was returned from West Facility back to GRVCand upon his cell door clsoing in building 1a defendant Mcniel entered the housing unit and began screaming at the plaintif fthat he was NOT A FUCKING MUSLIM ON THIS STATUS so HE WOULD NOT GET A KORAN that he was now in chaargee of Courtorder lookdown inamtes meaning REYES ass was his.

Defendant Mcniel then went on to inform correction officer St Hillare that court order inmates like Williams, Forrest, Thompson and plaintiff DEQUAN REYES are not to reciuve any services, and that in population they may have all been diffrent religions but under this status the only religion and reliougious material that they are allowed to posess by DOC polcies is that of a bible and Christain religion.

this statement supports the fact that defendats including but not limited to those named herein this complaint knowingly, willingly and wrongfull instituted a custom polcies, practice rule or procedure that polaced a substaintial burden on the freedom of the plaintiff to practice his Muslim religion.

The plaintiff (cell) was dusty and covered in dirty and wet pant wholes caused the (plaintiff) to began to have an asthma attck and since he didnt have his property in his posession was unabale to get his asthma pump. The plaintiff informed defendant Mcniel that he was having a medical emergncy to whihe defendant Mcniel walked to plaintiff cell door saw him on the floor holding his chest to leave him stating I am going to tell ESU right now that you can not get your proerty I told you long time ago I want to bury you in here REYES.

defendant Mcniel left the area after making a notation in housing unit 1a logbook never to retun and plaintiff never recived medical care either.

On Jan 17, 2023 the plaintiff stopped defendant WARDEN CORT at his door when she was toruring and informed her that he needed medical attention asap due to his chest tightness and serve pain to whihe defendant CORT stated in return "I'M SORRY I CAN NOT HELP YOUR ASS" smiling and walking away.

The plaintiff was not able to see medical staff until sometime after

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9pm on Jan 17, 2023 displaying the detendnat WARDEN CORT deliberate indiffernce to plaintiff medical needs.

On Jan 18, 2023 the plaintiff stoped ADW HARRIS informing him that he was not reciving medical care, showers, recreation as purusnat to his court order madating him to (1) hour reacrtion a day and ADW HARRIS along with WARDEN CORT not only failed to do sosmething about it but stated that plaintiff condictions were directly by there own designed and that they were going to teach the plaintiff and all the cour order inamtes a vuable lesson at GRVC.

The plaintiff made serveral 311 calls filing compliants about this in the numbers are as followed: EX EC-00567357, EC-00567235, EC-00567387, as well as EXHIBIT's- $\frac{q}{}$ ,  $\frac{10}{}$ ,  $\frac{11}{}$ , &  $\frac{26}{}$ .

On Jan 19, 2023 defendant CAPT RIVERA sheild 1230 at approximately 4:33pm stopped one of the assistant commisoner touring housing unit 1a misleading assistant commssioner to believe that the inmates in 1a were recieving all of their services and evening lying saying that we including the plaintiff DEQAUN REYES recives one hour rec in the housing unit dayroom pointing to the table on the housing unit floor.

Once the commissioner was gone and defendant CAPATIN RIVERA walked out with him he returned five minutes \*later to threatned the plaintiff by telli telling him to next time mind his fucking business and that he was never getting recreation or his KORAN back as long as he was captin of housing unit 1a. (CO BATES SHEILD NO. 8422 WITNESS THIS BEING STATED TO PLAINTIFF)

On Septmber 22, 2022 the plaintiff was involved in a situation where defendant ADW HENRY was disbacted to the area to supervise the matter. The plaintiff was asking to be afored babærshop servcies.

Plaintiff refused to go inside of his cell but was conursed by defendant ADW HENRY by her saying "BABY, REYES WHAT IS WRONG NOW, PLEASE JUST (GO) INSIDE OF YOUR CELL I WILL TALK TO YOU INSIDE YOUR CELL". Once plaintiff (Stepped) inside of his cell defendant ADW HENRY stuck her right hands into plaintiff boxers and started to stroke his penius until it staarted to get erected, saying "ALL I WANT YOU TO DO (REYES IS RELAX PLEASE"., after wards kissing plaintiff on his cheek then walking out of plaintiffs cell.

Once plaintiff cell was closed she stood in front of the cell and whispered to plaintiff that she would make sure that he gets babershop and medical but later plaintiff received a infraction stating otherwise.

The plaintiff submits infraction herein as EXPIDIT-16, but DEMAND THAT THE GENTIC FOOTAGE FROM UNIT 15A BE PERSERVED FROM THIS DATE AND TIME LISTED ON INFRACTION AS EVIDENCE IN DISCOVERY IN THIS ACTION.

On Jan 21, 2023 at approxmately 5:05pm defendant CAPT RIVERA was present on housing unit 1a to afforded the plaintiff a shower. The plaintiff ask if he could clean up his cell and defendant CAOPT RIVERA stated to him that he would be able to clean up when he stopped suing. See EX-19.

The plaintiff had to push the trash out of his cell with his feet while capatin Rivers stated that COURT order lookdown insates are not altowned to clean their cells period. The plaintiff had been asking defendant CORT AND CAPT RIVERA FOR cleaning supplies and broom and mop since arriving at feaility was denied due to retailiation over lawswits.

ON JAN 22, 2023 the plaintiff requested his (1) hour recreation and was told by correction officers working his housing unit of 1a that he was on recreation restriction. The plaintiff attested that he had not been served any notice stating such and did not recive a hearing conlouding any restriction of recreation.

Case 1:23-cv-01145-LGS Document 7 Filed 03/23/23 Page 30 of 225 The plaintiff DEQUAN REYES has ben clasifed as "ICR", "RED I.D.",

"ERS (ENHANCE RESTRAINT)", and that he had never been affored a hearing of NOTICe in reference to the Due Process surround these facotrs and establishe by the cout in WOLFF V. McDONNELL 418 U.S. 539.

The plaintiff did not know exact who was defendant to be named in this matter of until questioning of defendant COX who could be heard on plaintiff 311 call as he recorded her on Jan 23, 2023 at approxamtely 2:00pm saying the following, "YEAH I ALWAYS DENIED YOUR ASS HEARING BECAUSE I WAS NOT WALKING INTO THE HOUSING UNIT YOU WERE AT TO PICK YOU UP AND SO WHAT"( plaintiff demand that this 311 call on this date and time be persved and produced in regards to addressing and in support for this cliam of violation of his DUE PROCESS REIGHST GARANTEED UNDER THE fourteenth amendment of u.s. const)

And that on JAn 23, at 2:00pm when plaintiff was on phoned and record defendanat CO COX sheild number 17736, that plaintiff was filing a complaint for not being produce to a recent hearing in that of a separet incident.

This addmission made by defendant COX sheild number 17736, informed the plaintiff that defendant COX sheild number 17736 was responsible for each and ever hearing and NOTIFICATION that plaintiff was denied since being detained at the GRVC facility as plaintiff DEQUAN REYES claims to had never been produce to any of the hearings from misbehavior infraction that he was written up for at GRVC.

Abd this is still a custom polciy, practice, procedure or role of defendant CITY, WARDEN CORT, WARDEN JEAN RENEE that violated the plaintiff DEQUAN REYES rights and as a result the plaintiff had wrongfully been classified as "ICR", "RED I.D.", AND "ERS (ENHANCE RESTRAINT)", due to the defendants failure and negligent in their correctional duties. EX-17 herein

Case 1:23-cv-01145-LGS Document 7 Filed 03/23/23 Page 31 of 225 is copy of plaintiff's grievaance filed in the later matter memoralizing the factor of this as a practice &ustom, polciy of defendants CITY and other named herein.

On Jan 10, 11, 13,22,30,amd 31 of 2022 the plaintiff was infroemd by various DOC staff that he was on Recreation recreation restriction but was never provided with "NOTICE" or affored a hearingf allowing him Due Process in the restriction. This is a matter established by the Courts in WOLFF V. McDONNELL, that DOC and defendant CITY is well aware is needed before imposs: gany restriction on a pretrial detainne and/or a prisoner.

Prior berin this complaint the plaintyiff claimed a violation in his denial of contact visitation and submitted EXHIBIT-7 as support.

On Jan 17, 2023 the New York City Board of correction answered the plaintiff appeal/complaint in regards to this matter and was informed that he was indeed correct and granted him his contact visitation back, See EXHIBIT-18.

On Jan 27, 2023 the plaintiff had a visit and when he was taaken to the visit floor by Defendant CAPT PALMERO sheild 1888 and OFC ROBRIGUEZ shield 9067 he was placed in a booth visit even after he displayed the documentation seen herein as EXHIBIT-18. In response both defendants made comments that they didnt care about the plaintiff rights and that as long as he continued to sue DOC and their borthers that he will never touch and/or see his familiy.

On that same day durring that same visit Defendant CO ADAMS (SHEILD UNKNOWN BUT ASSIGNED TO VISITAION POST AT GRVC) bursted into the visiting booth while plaintiff was on visit with his children mother and began harrassing plaintiff visit and cursing her oit stating "THIS WILL BE YALL LAST VISIT AND THE LAST TIME THAT YOU SEE YOUR MAN BECAUSE OF HIS LAWSUIT". Defendant

Case 1:23-cv-01145-LGS Document 7 Filed 03/23/23 Page 32 of 225 ADAMS also physically assulted plaintiff visitor by puishing and shooving her without provication, reason or right to do so. NOTE; THAT THERE WAS NEVER A INFRACTION GENERATED WHIHC SUPPORTS THAT THE PLAINTIFF NOR HIS VISITOR HAD BROKEN ANY DOC DEPARTMENTAL RULE OR REGULATIONS.

It is equally important to note that EXHIBIT-18 is generated by the "GENERAL COUNSEL" Jasmine Georges-Yilla of Board of Correction and still defendant CITY and DOC along with others stated / named herein this complaint defied the notice seen herein as EXHIBIT-18.

The plaintiff called 311 to properly memoralize the incident and make a formal complaint with complaint number being EC-00572578.

Again on Feb 3, 4, 6, and 8 of 2022 the plaintif (was) informed that he was on recreation restriction without being given "NOTICE" or afforded a hearing and Due Process as toi why he was on yard restriction and affored the opportunity to present argument and evidence was denied beforte restriction being imposed, violating the plaintiff FOURTEENTH AMENDEMNT.

The plaintiff is asking that the visitation restriuction anmed herein be attached to the following CAUSE of ACTIONS FIRST & FOURTEENTH AMENDMENT VIOLATION with 1st Amend Violation being Reatliation, FREEDOM of Speech, Freedom of communication with outside world, and other covered not named due to plaintiff being pro-se litigant and layman of the law.

On November 7, 8 and 9th of 2022 the plaintiff while housed in GRVc 2a was denied recreation and told he was again of restriction without NOTICE or a HEARING to support restriction that was inposed upon him. This same incident occured on November 12 - 23 of 2022 and again of November 25 - Dec 1, 2022 with each day of restriction imposed being a violation of plaintiff FOURTEENTH AMENDMENT RIGHTS attached to FIRST AMENDMENT VIOLATION because of the fact restriction were due to retalaitory conduct of servant, ager ts, or employees of defendant CITY named herein this complaint.

On Jan 28, 2023 the plaintiff fell inside of his cell injuring his head and right elboow and injury was the direct effect of the plaintiff being restricted from posession of his walking caane issued to him by DOC medical staff fro a prior injury. DOC maintains a custom, usgae, polciy, practice and rule of conficating inamtes walking equipment such as canes, creucthes and walkers whenever an inmate enters the housing unit leaving the plaintiff and others alike to crawl and/or hop around housing unit worsening his and/or their existing injury.

On January 31, and again on Febuary 1, 2023 Defendant ADW HARRIS order 1a captain TAYLOR and the floor officer that the plaintiff was not allowed to take any showers, clean his cell or be afforded halaa meals pursunat to his Muslim Religious deit until the plaintoff was moved out of housing unit 1a because he (PLAINTIOFF) was the inmate responible for calling 311 daily informing 311 operator in regards to what was taking place at the facility.

The plaintiff took this to be defendants ADW HARROS way of retaliation for exercing his First amendment right as well as a substaintial burden being placed on his religious belevth. It was also obvious that defendant ADW HARRIS was concerned about the investigators that had begun visiting housing unit 1a and informing the Plaintiff and other inmates that GRVC was in violation of the HALT ACT and otherwise violating thier rights as it went to being placed in punitive setting even if following a judge order.

The plaintiff food and other inmates food are prepared by officers that do not posess the proper food handling certification, nor are they affording inmates the right food in pursunat to thie religion.

Om Jan 31, defendant CO BRANCHIE informed the floor officer that she was not going to alllow the plaintiff to take a shower by her opening his cell door because of the fact that he was known to sue DOC officer and that she was tied of his kind and didnt care if he died.

Case 1:23-cv-01145-LGS Document 7 Filed 03/23/23 Page 34 of 225 defendant CO BRANCHIE then obstructed this very complaint from being mailed out when the plaintiff attempte dto give it to another correction officer to place din the mail box that was outside of the housing unit in the facility hallway.

On Feb 1, 2023 defendant ADW HARRIS threatened the plaintiff personally by coming to housing unit 1a at appraoxamately 2:00pm and told the plaintiff that he would have SRT kill him today if he didnt go into his cell and stop crying about his muslim food because he didnt give a fuck and because that pursuant to Court order lockdown command level order and polciy that court order inmates are suppose to only practice the chrsitain religion, so all food was good to eat.

At that moment defendant ADW HARRIS order captian Taylor and CO SANCHEZ to create/generate documentation in regards to the situation if it went left and that he would tell them what to say before they submitted siad paperwork. Defendant ADW HARRIS then stated to captain Tayylor that he hwad informed him months ago that he hated the plaintiff from his lawsuit filed prior.

The plaintiff understood the defendant ADW HARRIS comments about his religion to be in refference to CLO 13/21 seen herein as EXHIBIT-8.

On Feb 2, 2023 defendant THOMAS GROIFFIN toured housing unit 1a at approxmately 10:00am and the plaintiff commnented to defendant THOMAS GRIFFIN who holds the position as assistant commissioner with the department of correction, that he and DOC officials were currently in violation of the Humane Alternative to long-term solitary confinement act. In response defendant THOMAS GRIFFIN stated to the plaintiff, "ME AND MILLER KNOW ALL ABOUT THE HALT ACT AND WE DO NOT CAREE ONE FUCK ABOUT IT, I CAME FROM UPSATE AND DOWN HERE WE'RE PLAYING WITH THE CHURCHES MONEY SO I DO CARE

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WHAT YOU AND ANY OF THESE ASSHOLES WRITE TO THE COURT THE JUDGES OR YOUR LAWWYERS ABOUT ME." defendant THOMAS GRIFFIN than turned to the warden CORT who was escorting him and said I want him violated daily until otherwise told diffrent.

The plaintiff and other alike is currently detained under solitary confinement condiction within the New York City department of Correction.

Defendant CITY is well aware of the passing of the HALT bill since Jan 25, 2021 as defendant CITY, LUOIS MOLINA, and ERIC ADAMS has already discontinue the BOX/SHU which is only half of what the HALT ACT intells.

The language in the HALT ACt clearly states that Correction departments in the satisfication of New York is prohibited from maintaining a classification deemed "SEGREGATED CONFINEMENT" and gave the definition in said HALT ACT Bill for "SEGREGATED CONFINEMENT", to mean any classification where an inmate is locked inside of a cell for more than 17 hours a day.

The plaintiff and inmates ALEXANDER WILLIAMS, RICKY TORESS, CHRSITOPHER CANO, TREVOR FORREST, KWAINE THOMPSON and others are currently detainee under 23 hours a day and 1 hour recreation that isnt afforeded many times leaving the plaintiff and others alike locked in a cell for 24 hours a day.

The existance of EXHIBIT-8 is clear that the defendant CITY, LOUIS MOLINA, WARDEN CORT, ERIC ADAMS, ADW GREEN, ADW HARRIS, AC MILLER, AC THOMAS GRIFFIN, JONNELL SHIVRAJ, JEAN RENEE, TIFFANY MORALES, JOANNE MATOS, LISA BARNBEY, WARDEN COLLIN, McNIEL, KEVIN YOUNG, PRESTON RITTER ADW TYRONE CARTER and any other the defendant sthat maintain a security position and/or adminstrative position named herein is clealrly in violation of the plaintiff's rights as it relates to the HALT ACt and that the defendant especially ERIC ADAMS who has given hundreds if not thounsands of pulic and private interviwes about the HALT ACt should not be allowed to claim Affirmmative Defense of a supreme court order.

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The federal court has already denied city and state officials arguement
in rescinding of the halt act and this is well known in the matter of N.Y.

STATE CORR. OFFICERS & POLCIE BENEVOLENT ASS'N · V. KATHY HOCUL, 2022 U.S.

DIST LEXIS 107145.

EXHIBIT-8 seen herein is evdience that the defendant named herein maintained a custom, polciy, practice, procedure or rule of that Defendant CITY that violated the plaintiff rights and others alike that are sujected to the smae 23/1 solitary confinment.

ARTICLE III of the New York State Const. clearly established that a sitting judge does not have judicial authority to overide and/or disregard a state law.

And that the defendants fialed in notifying the COURT system that NYC Department of Correction no longer housed inmate in 23/1 like manner and seeked guidance from the Uniform Court System on moving forward within the legal boundries of the HALT act.

When the defendants failed to notify the court as they had a duty to do so and owed not only the plaintiff but all of the Court Order inmated that are housed under said confinmenet conditions at the New York City Fails.

On February 5, 2023 defendant COX entered the plaintiffs' housing uynit and began cursing him out stating "YOU ARE A FAKE MUSLIM and I HOPE THAT YOU BE IN JAIL FOREVER". This was tied to an issue that the plaintiff has with the SRT team regarding one of the SRT officers taking his Koran as seen in the CLO that states that Court Order Lockdown Inmates can only posess a BIBLE as religious material, and urinating on his prayer rug.

On February 15, 2023 defendant COX again was present in the plaintiffs' housing unitand began stating to the plaintiff, "YOU SEE THAT YOU DIDNT BEAT THAT HEARING RIGHT", (refering to a hearing where plaintiff attest that defendant COX created false DOC documentation).

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This matter is related to a seperate lwasuit in whihe plaintiff has legal representation in but is stated herein as a form/fashion of displaying defendants' COX engagement in conduct that constitutes a constitutional right violation stated herein this complaint, EXHIBIT-24 reference to 2-5-2023.

On Managery January 26, 2023 defendant COX served the plaintiff hearing papers after plaintiff filing a grievance in regards to COX never doing so for years prior and the papers that the plaintiff was served informed the plaintiff that the misbehavior report was dismissed, See EXHIBIT-21 herein.

On Febraury 3, 2023 defendant COX was present om plaintiffs' housing unit and served him a second hearing disposition on the same misbahvior report informing the plaintiff that the charges were dismissed, but a day or two after this date defendant COX was present on plaintiff hypousing unit serving him yet another dipostion for the same hearing dated February 6, 2023, saying that the plaintiff was guilty. (THIS MATTER IS BEING INVESTIGATED BY A GINGER LOPEZ FROM THE PRISONER'S RIGHTS ORGANIZATION).

As a result of the falsification of documentation the plaintiff was deemed to be ICR inmate moving forward.

On February 9, 2023 at approx 11:30 - 11:50am defendant CO Mcniel was present in the plaintiff housing unit with defendant THOMAS GRIFFIN and stated to the plaintiff tyhat he would be stripped searched everyday until the plaintiff and the other inmates in Court Order Lockdwon cease from suing DOC officials. This was a clear violation of the plaintiff first amendment rights as petitioning the Government is a protected right by any american citizen along with a violation of U.S.C. § 1985(2)(3) when stating that his actions were deliberately adverse to the plaintiff and others acting a witness(es), party's in ongoing federal litigation.

Stimulass Check of 1,600 \$ I Have reason To Beleave that It was Stolen From GRYC's Mail Room! In 2011 around september or (DCT) It was signed and then never sent to my Family (All on Campra) I was Housed In GRYC 15 A @ the Time.

and right allow and injury was the direct effect of the plaintiff being restricted from possession of his walking came issued to him by BES medical staff to a price injury. BOS maintains a sustem, was a policy possession of his walking equipment such as cames, creucthes and rule of conficating inamtes walking equipment such as cames, creucthes and walkers whenever an inmate enters the housing unit leaving the plaintiff as others alike to crawl and/or hop around housing unit worsening his and/or their existing injury.

Since being placed in Court Ordered Lockdown status the Plantiff has never been afforded Halal Food parsunat to his religious dietincluding the Follow dates as well:

Dec 30 - Jan 16th (WF 6 sprung) 2022-2023 Jan 17-April 20th (GRVC 1A) 2023

O ON JANUARY 17TH-31st of 2023 PLANTIFF WAS IN CELL 3 GRVC 1A, WITH NO CLEANING SUPPLIES GIVING TO HIM, A BROKEN SINK, AND STOPED UP TOLET. SINK HAD NO RUNNING WATER, THE TOLET SMELLED VERYBAD BECAUSE OF OFFICER AND DIFFENDENT WILLAM MCNEAL TOLD PLANTIFF ON1 1-16-23 THAT MAN PLANTIFF COULD NOT GET ANYTHING, PLANTIFF COULD NOT CLEAN HIS CELL OR SHOWER MORE THAN 1 TIME A WEEK, UNTILL HE STOPED GRIEVING AND SUEING HIS STAFF! ALSO TELLING THE FLOOR OFFICERS THE SAME. LEAVING PLANTIFF HELPLESS AND SCARED, THERE WAS ROCHES, RATS, MICE, AND AINTS, INSIDE OF PLANTIFFS CELL.....

ON OR ABOUT FEB 2nd DIFFENDENT ADW HENRY SAID THAT I WOULD BE RESTRICTED FROM EVERY SERVICE INCLUDING RECREATION, WHENSHE WAS PRESENT ON THE POST, UNTILL I SHOWED HER MY BIG DICK! SO MY TOLET AND SINK WAS NEVER FIXED UNTILL MARCH 1st SO EVERYNIGHT, THE SMELL OF URINE AND FEESEEYS WOULD CLOUD PLANTIFFS CELL, AND HOUSING AREA...

BECAUSE OF DIFFENDENTS, ADW HENRY, AND WILLAM MCNEAL, S UNLAWFULL AND CRULE RESTICTIONS, WHEN PLANTIFF WOULD TELL THE DIFFENDENTS THAT HIS TOLET WAS MESSED UP HE THEY WOULD DISREGARED IT AND SAY IF YOU CANT USE THE TOLET TEN USE A BAG NIGGA, SO ON 2-13-23@ APPROX 32277pm ON THE JECTEC PLANTIFF IS SEEN BRINGING A BAG OF DRIPPING FEESEEYS, AND URINE OUT OF HIS CEELL AREA TO SHOW HIS LIVING CONDITIONS, PLANTIFF SHOULD ALSO BE SEEN MOMENTS LATTER WASHING HIS CLOTHING OUT IN A BUCKET, AND ON 2-18-23 @ APPROXAMETLY 2PM YOU CAN SEE FROM THE CAMRA FOOTAGE THAT I ASKED TO BE SAVED BAGS OF GARBAGE AND URINE ,ALSO FLIES, NETS, AND AINTS PROTRUDING FROM THE BAGGS AND PILES OF GARBAGE, PLKANTIFF 311, AND GRIEVED THESE ISSUES LEAVING HIM IN MORE TROUBLE WITHOUT THE DIFFENDENTS, EVERY NIGHT PLANTIFF WOULD CRY AND SOMETIME HAVE NIGHTMEARS ABOUT HIS HAZORDESS LIVING SITUATION, SCARED THAT HE MAY ONE DAY DIE WITHOUT BEING ABLE TO FIX ANYTHING, HE EVEN REPORTED IT TO MENTAL HEALTH BUT NOTHING CHANGED FOR BLANTIFF, HE STARTED TO FEEL SUICIDAL AND HELPLESS

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Since being placed in Court Ordered Lookdown status the plaintiff has never been afforded HALAL food pursunat to his religious dietincluding the following dates:

- DEC 1, 2022 (GRVC 2A)
- NOVEMEBR 8, 2022 (GRVC INTAKE)
- NOVEMBER 28, 2023 (GRVC 2A) November 29th (GRVC) 2A
- NOVEMBER 30, 2022 (GRVC 2A) NOVEMBER 31 (GRVC 2A)
- DECEMBER 2, 2022 (WF) 6 Sprung Dec 30th (WFG sprung)

Plaintiff was also diagnoised with feet fungus from housing unit
2a in GRVC due to the facility failing to provide shower claening and sanitation
in accordance with City rules and Regulations and fungus was a result of
this failure.

On Febraury 4 AND 5 2023 oficers working the housing unit denied the plaintiff a shower and informed plaintiff that the denial of shower was coming directly from defendant ADW HARRIS because of plaintiff filing complaint in regards to the treatment defendant ADW HARRIS was instructing officers working unit to use against the plaintiff.

On the following dates defendant CO RITTER was present on plaintiff's housing unit even though there was a department-wide seperation since the November 16, 2022 incident where defenant RITTER dug his hands in the plaintiff rectum area and stole plaintiff proerty, see EXHIBIT-22:

- DECEMEBR 1, 2022
- JANUARY 16, 2023 AT APPROXAMATELY 4:30PM STATING WELCOME BACK I AM GOING TO MAKE SURE YOU DO NOT GET RECREATION WITHOUT GIVING YOU A HEARING I AM SECUIRTY AT GRVC.
- JANUARY 17, 2023 APPROXAMATELY 6:30AM ASKING PLAINTIFF HOW WAS HIS RECREATION (DISPLAYING THE ADVERSE ACTION OF STOPPING PLAINTIFF'S (1) HOUR REC DAILY AS PROMISED)
- JANUARY 25, 20233
- JANUARY 31, 2023
- FEBRAURY 6, 2023
- FEBRAURY 28, 2023 WHEN HE ON THIS DAY RITTER WALKED INTO THE PLAINTIFF'S

On Febraury 9 and 10 2023 the plaintiff was informed by correction officers working his housing unit that he was not going to get a HALAL meal and/or a substitue because defendant ADW HARRIS ordered them not to provide such for him., Also on Febraury 9, 2023 the plaintiff was told that the only way he would be allowed to take a shower was if he dropped a pending lawsuit as per ADW HARRIS who is named as a defendant herein.

The plaintiff would like to note that EXHIBIT-23, herein is medical documentatyion supporting that he plaintiff is suppose to be front cuff only, allowing access to self adminstartion of medication and no chemical agents and no stun shiled to be used against him due to medical issues that may lead to cariadac arrest and other life threatneing reactions.

In light oif this documentation seen in EXHIBIT-23 defendants such as Capt Guan, Adw HENRY, BROS, VELEZ, CAPT PALMERO and others continued to disregard this even though the plaintiff displayed and informed them of such and that cuffing in the rear and using chemical agents could create a liablity issue of death for him, ALSO SEE EXHIBIT-27.

On February 1, 2, and 3rd 2023 defendant Capt Guan gave housing unit

On February 4, 2023 defendant BROS sheild 10295 rear cuffed the plaintiff when moving him from cell to shower and other places on that day even though plaintiff displayed medical exemption seen herein as EXHIBIT-23.

The same for defendant CO VELEZ # 14011 on the same date later that afternoon.

On February 3, 2023 defendant Mcniel was present in trhe plaintiff hosuing unit and interupted plaintiff from cleaning his cell telling him to "GET IN YOUR CELL BEFORE I FUCK YOU UP NIGGA", and once plaintiff was in his cell called him a pussy and began pointing at him telling the officers that he is dead on everything, Rec, Food, Cleaning his cell Visitation etc until he drops his lawsuits.

On February 12, 2023 at approxamately 10:10am the plaintif fwas outside of his cell because he was cleaining his cell due to it being GI day. Defendant ADW Henry entered the housing unit and ordered housing unit officers to turn on there body camera. The defendant then apporached plaintiff aksing him to step inside of his cell and once he was inside of his cell attempted to grab at his private area, prompting the plaintiff to step back out of his cell and ask for medical care.

Defendant ADW HENRY stated to the plaintiff shut up you aint getting no fiukcing medical attention ( THIS CAN % WILL BE HEARD ON BODY CAMERA FOOTAGE) and plaintiff feeling faint walked towards the housing unit shower area seeking water due to his chest bothering and at that moment when his back was towards defendant ADW HENRY plaintiff was sprayed with OC spary without warning. See EXHIBIT-25.

As the plaintiff attempted to avoid defendant ADW HENRY with his back still twords her plaintiff was sprayed yet a second time even though on both times he was more than five feet away from her and moving away in a nonthreatneing manner.

Plaintiff was then locked inside of his cell and denied medical attention for up to an hour while defendant ADW HNENRY ordered the fan on and clsoure of everyone in housing unit slots stating "NO BODY GETTING MEDICAL IN THIS MOTHER FUCKER EACH AND EVERY LAST ONE OF YOU WIL LEEL THIS OC SPRAY".

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The plaintiff was subsequently forced out of his cell rear cuffed even though EXHIBIt-23 supports that he should not be rear cuff and even more that the plaintiff is currently assigned a mobility device to assist him in wlaking due to a prior leg/foot injury.

This caused the plaintiff leg to be in great pain and neded pain killers to address this pain later.

The plaintiff was taken to decontamination unit and ordered to rinse his face with his hand cuffs still on and then he was taken to medical clinic area where an correction officer sat inside of the medical cubicle with the plaintiff listening to his medical coversation discussion his mental and medical conditions to trhe effect that the CO beganning lauging plaintiff had mental health issues that and telling other officers that the plaintiff had mental health issues that these other officers would not have otherwise been privilaged to if the officer was not violating hippa rights privacy law/statues.

TRhe plaintiff was told trhat if he pursued a lawsuit against defendant ADW NENHRY and CO McNIEL it would be the same adverse action unless all his suits were dropped.

On February 13, 2023 defendant ADW HENRY along with defendant CO McNIEL came to the plaintiff cell while he was locked in and stated FUCK YOU REYES ", adw HENRY stated "IF YOU SUE ME I"M SRAPYING YOU DAILY AND MAKING SURE COX SET YOU UP WITH CAHRGES".

Defendant Mcneil came back to the plaintiff's cell a few minutes later and stated "STUPID NIGGA I RUN THIS SHIT I WILL MAKE USRE YOU GREAT IF YOU DROP! YOUR LAWSUITS AND STOPP GRIEVING EVEYONE ON MY TEAM", ("OR! I WILL MAKE SURE THAT YOU DIE IN HERE".

This resulted in other correction officers submitting a mental health referal due to the affects that this harrasment took on the plaintiff's mental health status. See Exibit 27 for 311 Calls\_\_\_\_\_.

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On February 13, 2023 defendaat Mcniel came back to the plaintiff hosuing unit when a medical emergony was called for the inmate nexted to the plaintiff Kwaine Thompson and stated to plaintiff "I"M GONNA SHOW YOU HOW I DO LIL NIGGA", and began searching inmate Thompson cell explaining that this would be the result he gets whenever he calls for a medical emergency

This was/is a violation of plaintiff righst because of the fact that sickcall is not afforded in a manner where Court ordered inamtes are allowed to be examinaed, in fact EXHIBIT- 8 displays that for no reason is court ordered inmates allowed to be in facility clinic area, whihe menas that the only way that the plaintiff and others can be allowed to the clinic is by calling for a medical emergncy.

defendant CO Mcniel as a Correctional Officer is fully aware that by the department of Corrections Rules and Regulationsthat: Correctionall Staff, shall never delay or cause to delay or prohibit an inmate from medical attention when needed, and that all medical decison shall me made by medical personnel only.

While searching Inmate Thompson cell defendant Mcniel can been seen on Gentic whispering things to me in regards to I better not need medical of I would get the same result.

Subsequently plaintiff was denied medical care on that same day and a greiavnce was filed to properly memoralze the denial.. See EXHIBITERN 26 herein.

EXHIBIT-28 and EXHIBIT-29, are property print-out showing that on that on the October build incident mentioned herein this complaint that my property was stolen by defendant MATHIS and ADW GREEN by way of Exhibits displaying that the proty was given back/ returned to inmate whihe is impossible because of the fact that the plaintiff was taen to GRVC facility box/shu on the same date and in box/shu propety is conficated.(THIS SHOWS AN ATTEMPT

Case 1:23-cv-01145-LGS Document 7 Filed 03/23/23 Page 46 of 225 TO COVER OF THE THEFT OF THE PLAINTIFF'S PROPERTY IN THE OCT INCIDENT)

On February 12, 2023 defendant capt GUAN rear cuffed the plaintiff through cell door feeding slot even though EXHIBIT-23 supports that this was wrong and that using Enahnce Set up through cell door feeding slot is improper. At the same date and time approxamtely 12:00noon during the same incidnet the plaintiff infomred defendant CAPT GUAN that he sufferd from "ASTHMA" and had attacks frequently and that cuffing him improerly would/could result in him not being able to adminstarate his pump when needed. On camera defendant Capt GUAN can be heard stating "I DONT GIVE A FUCK".

On February 13, 2023 at approxamately 11:20am under defendant Capt GUAN orders the plaintiff was improperl; y handcuffed again, whihe prompted the plaintiff to suffer from an slight asthma attack during the same time frame.

Subsequently plaintiff was transported to the facility clinic area to whihe defendant Meniel called defendant Capt GUAN on radio aksing why did the plaintiff need medical informing him to take the plaintiff back to housing unit and then asked defendant GUAN for a lanline and called him on clinic phone.

At that time defendant Capt GUA cut his body camera off to not allow footage to be captured speaking to defendant Mcniel even though everything prior stated was cameraed on body came footage.

Once caamera was off defendant Capt GUAN stated to defendant Mcniel that "THIS MOTHER FUCKERR ACTING LIKE HE SICK", and began to attempt to stop the plaintiff from being seen by medical personnel, in facility mini clinci area. (THE PLAINTIFF DEMAND THAT BOTH BODY AND GENTIC CAMERA FOOTAGE BE PERSVED FOR DISCOVERY IN THIS MATTER, DTAE AAND TIME).

While on the phone ith defendant Mcniel defendant GUAN began explaining to the doctor that per secuirty officer Mcniel that the plaintiff could not be seen by medical staff.

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Defendant Capt Guan then looked at the plaintiff and stated "McNIEL SAID STOP PLAYING WITH THEM BEFORE THEY HURT NOW".

Afoirad and not want to get physically harm the plaintiff decided just to leave the facility clinic area without recieving the medical care that he came there for.

Once returning to the housing unit defendant GUAN ordered plaintiff back into his cell to be improperly cuffed through cell door feeding slot in order to be transported to the same yard that he had just passed by walking from mini clinic area.

When the plaintiff returned from the yard he saw that the facility Imam was present on the housing unit and when he attempted to speak with him defendant Capt Gaun order the Iman to leave the housing unit because of the fact that Court Ordered Lockdown inmates where not allowed to engaged in any religious service or receive any relihatious material that was not a BIBLE as seen in EXHIBIT-8 herein.

...ON THE DATE OF2 2-25-23 I WAS TOLD THAT I WOULD NOT BE AFFORDED RECREATION BY DIFFENDENT CAPT GUAN, BECAUSE I TOLD THE GRVC TORE COMMANDOR DW STOKES ON THIS DAY THAT I WAS BEING SEXUALY HARRASSED BY DIFFENTENT CAPT GUAN AND THAT I WANTED TO FILL OUT A COMPLANT SHEET WHICH I DID, AND THAT I WANTED TO SPEAK TO PREA, FOR BEING SEXUALLY HARRASSED WHICH I DID ON SAID DATE 2023...SEE EXIBIT 30...

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#### TIN STRUCTURE SHIPMEN CHICAGO COLONIA

TO PLANTIFF THAT I KNOW YOU SEEN MENTAL BERVICE WILE IM HERE) "THIS

IS COURT ORDER LOCKDOWN NIGGA " aLSO SENCE U GAVE ADD HENRY BELL

WEN I WAS GONE YOU WILL NOT BE GETTING RECREATION EVERYDAY, AND YOU

RESTRICTED FROM YOUR VISIT TODAY MATTER FACT LET ME CALL ADAMS...

THAT MADE PLANTIFF FEEL HELPLESS ONCE AGAIN, AND ALSO SUCIDAL

PLANTIFF REGAN BANGING HIS HEAD ON THE WALL OF HIS CELL UNTILL

HE STARTED TO BLEED WHEN DIFFENDENT, PAULINO #13927 DENIED INMATE

MEDICAL

PLANTIEF DID NOT RECIVE MEDICAL

UNTILL THE NEXT DAY VIOLATING PLANTIFFS RIGHTS TO MEDICAL, AND MENTAL HEALTH ACCOMADATION.

PA

PLANTIFF HERE STATES THAT ON THE DATE OF 2-25-23 AT APPROX 11;50 (am) THAT HE WAS ESCORTED TO HIS VISIT (TELEVISIT) BY DIEFENDENT CAPT GUAN (GRVC), ONCE I GOT TO MY VISIT CAPT GUAN CHERPED DIFFENDENT CAPT LA FLUER (GRVC CAPTAIN OF VISITS) AND SAID HE DOSNT GET THE GOOD TREATMENT ANY MOORE AND CAPT LE FLUER DIFFENDENT SAID COPY, MEANING FOR ME NOT TO GET ALL OF MY TIME ON MY VISIT, WHICH IS WHAT HAPPENED I DIDN'T COMPLANE OR CRY EVEN THO MY VISITOR TITIANNA INGRAM WAS BETAUSE SHE FELT THAT IT WAS,N'T FAIR THAT THIS WAS THE SECOND TIME THAT THIS HAS HAPPENED TO HER, SO I CALLED 311 AND WAS GIVIN A COMPLANT # EC-005-86684 , AND PLANTIFFS VISITOR DID ALSO, NUMBERS eC-005- ,PLANTIFF IS ALREADY SUPPOSE TO BE ON SUISIDE WATCH, HE AWAITING IT AND NOW THIS HAS HAPPENED AND HIS VISITORS ARE NOT WANTING TO VISIT HIM ANYMORE...

· And @ approx 1:57 All seen on Jentic's In Housing area 1A, PLANTIFF "ASKED DIFFENDENT CAPT GUAN TO USE THE RESTROOM IN PEACE, When Different Guan walked up to Plantiff and so I'm Not closing THE DOOR FOR you TO USE THE RESTROOM, I HAVE TO SEE, MAYBE YOU HAVE DRUGZ ON YOU; I DON'T CARE IF YOU HAVE A BIG A BIG Dick or Not! Wile Pulling his Spray (O.C) from His hip then pointing It at me, (PLANTIFF)! I TOLD HIM to BACK Up, and Then ask him to Back away and give me my privacy 4 times! AND he said No, then the Floor officer Diffendent paulino, Asked him to give me some space also, But Diffendent Said No Let me see nigga! Then Once I was finished He Called a Level B and Said They I Have to Lock in and I could Not, No Longer Get my Law Libery services to finish typing my pro-se Lawsuit up, Because I filed Prea Aligations on him Diffendent Guan # 367 ...

| , contraction (vice)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                             |
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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 10295 WENT to the grvc (KK) area to Grab food               |
| 90                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | From area to give to plantiff, DEFFENDENT Bros to           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | plantiff his Food was now here nice and Ready               |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Emplying that he INEFFENDENT) Bros had did something        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | to plantiff's Food! Once plantiff got it @ about            |
| Harris and the second s | 9:10 pm In housing area 1A Plantiff seen that               |
| The state of the s | there was [spit] on his Food From Deffendent                |
| CO 1/10 1/10 (A)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | BROS, Deffendent Bro had Left the the FLOOR By              |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | this time Plantiff told (ADW) Henry ON 3-7-23               |
| The state of the s | that the Dib'not want to see Officer Bras In                |
| The second secon | housing area again or serving him food; DEFFENDENT          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | (ADW) Henry Said I Dont care, nigger call 311 Bitch!        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Call plantiff called 311 as he was told and field           |
| A CANADA (II) and control to the real form of the real fo | a Greivance - And on 3-10-23 on OR About Deffendent         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Bros, and mc. Neil to 10 plantiff Write Northing on the     |
| ac (Separate, at 1884, as 5 and a material field beautiful statement in the appearance and construction of the last                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Statement sheet about this Inceident, or plantiff would get |
| burt                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 311 - EC-005-                                               |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 311 - EC-005-91291                                          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                             |
| Ng tha Balling the Colombia Colombia of Balling the Colombia colombia of Balling the Colombia of Balli | Soplantiff never wrote anything els about Interent.         |
| actor effected disposers whereactions is planted assessor in the continues of the disposal disposal.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                             |
| nakrona 1919 (ili) nda-e-a ja juur, jäli läney eri aval alkkansii sukanna                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                             |
| er Dirikkingsak stanet indir gitt phisionnen Canal Chillian (1884)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                             |
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| ek, Atquida sahyyel erner settiyakelidiki needisen inisalik sap                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                             |
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DEFFENDENT BROS WAS REPROMANDED FOR spitting in plantiffs meal on said date, latter on on or about the date of #3-19-23diffendent bros was back around plantiff and bragging on how hes been spitting in plantiffs food sence the date he met plantiff in the grvc main intake were diffendent was working 4 days week .. this the causing plantiff to lose weight THE NURSE INFORMED PLANTIFF THAT HE WEIGHT ABOUT 135 pounds which was a big difference from 3 monthes thefore ,planeiff . WAS TOLD BY HIS LAWYER PETTER DAVIS THAT HE LOST ALOT OF WEIGHT AND THAT HE LOOKED SICK , HE EVEN WHENT TO MEDICAL AND THEY ON 2-27-2023 PLANTIFF WAS BEING ESCORTED FROM HIB HOUSING UNIT 1A BY , JOHN DOE CAPTAIN AND DIFFENDENT BROS, PLANTIFF WAS TOLD BY BOTH STAFF MEMBERS THAT IF HE DID NOT PUT LEG SHACKLES THAT, HE WOULNT BE ABLE TO GO TO HIS DENTIST APPOINTMENT , SO BECAUSE HE WAS BEING THREATINED HE GAINED HIS COMPOSURE , AND COMPOLIED , AND PLANTIFF TOLD BOTH STAFF MEMBERS THAT HE COULDNT WALK LIKE THAT WITH BEG SHACKLES ON BECAUSE , HE HAS AND WALKS WITH A DEPARTMENTAL WALKING DEVICE, HIS (CANE) BECAUSE OF HIS DISSABLITY TO WALK DIFFENDENT BROS DISREGARDED THAT AND SAID LETS GO APON (ARIVEL, , PLANTIFF SEES DIFFENDENT CORT WHO ALSO SAID , YES THATS HOW YOU SHOULD BE SHACKLED UP WITH YOUR CANE... AND APON ARIVEL INTO THE DENTAL ROOM PLANTIFF FALLS, AND HURTS HIS KNEE HE THEN ASK FOR MEDICAL AFTER DIFFENDENT BRO STEPS OVER PLANTIFF, ALL AT APPROX 1PM ALL SEEN ON DIFFENDENT BROS, BODY CAMRAONCE PLANTIFF HELPE HIM-SELF TO HIS FEET AGAIN HE SAT DOWN, THEN DIFFENDENT BROS STATES NIGGA YOU AINT GETTING NO MEDICAL, SHUT THE FUCK UP!! THIS ALL ISA REPONSABILITY OF INADIQUIT MEDICAL CARE. ALSO PLANTIFF KNOWING THAT HE IS AND WAS NOT GIVING A HEARING TO EVEN BE(ERS) ENN HANTS RESTANT, ON THIS SAME DAY DIFFENDENT BROS TOLD PLANTIFF TO DROP



HIS PENDING LAWSUIT AGENTS DIFFENDENT CAPT GUAN, AND ADW HENRY, CASE INFO @23-CV-0541) SO PLANTIFF FELT SCARED AND HELPLESS SO WHEN HE GOT BACK TO HIS HOUSING AREA WITHOUT RECIEVING MEDICAL HE WROTE THE PRO-SE CLERKS OFFICE AND TOLD THEM TO DISSMISS THE CASE ASAP!!

ALSO ONCE PLKANTIFF GOT BACK TO HIS UNIT HE WANTED TO CALL SICK CALL, BUT REMEMBERED THAT HIS CALLS HAVE BEEN RESTICTED FROM CALLING 614#, BECAUSE DIFFENDENT MCNEIL TOLD PLANTIFF THAT HE WOULD MAKE SURE HE NEVER GETS SICK CALL EVER ON RIKERS ILAND, AND THIS ALSO IS VERY CRULE AND UNUSAL! TO PLANTIFF...

ON SAID THIS SAID DATE PLANTIFF WAS DENIED SHOWER, AND TOLD THAT HE COULD NOT GO TO(REC) BY DIFFENDENT GUAN THE CAPTAIN WHO HE REPORTED BECAUSE OF SEXUAL ALIGATIONS, AND SEXUAL HARRASSEMENT ON, ON 2-25-23, SO ON 2-26-23 IN HOUSING UNIT 1A DEFFENDENT TOLD PLANTIFF HE GETS NOYHING WILE (HES) HERE, EVER!!! CAPTAIN GUAN ALSO WALKED UP TO PLANTIFFS CELL ON 2-26-23 WITH HIS BODY CAMRA ON AND SAID GIVE ME YOUR CANE, PLANTIFF STATED THAT HE WOULD HAVE A SEIROUSE PROBLEM WALKING WITHOUT IT, DIFFENDENT THEN STATED ON HIS BODY CAMRA THAT HE WAS NOW ASING TO MAKE SECURITY COME AND TAKE MY DISABILTY APONTED CANE FROM ME, AND ALL MY PROPERTY, FOOD, FRUITS, AND ALL OUT OF PLANTIFFS CELL..

PLANTIFF HAS NOW CALLED 311 7 TIMES THIS DAY, AS YOU MAY INVESTIGATE, IF NEEDED.

Ways, and Illeagal Sexual Habbits, Can also

Be Seen In his nyc 22R History & ON another

plontiff or 2" Southern District Liturations Theo...

Alexander williams 22-cv-10537, Christopher Cano Ease
, And Kwaine Tompson (case) - 22-cv-07222

This is a Big issue And Plantiff can not get any

Help for Such issues...

PLANTIFF Also Asked Deffendent paulino to write a statement on what he seen on this day see Exibit 31...

PLANTIFF ALSO CALLED 311 AND Received Complantant Numbers EC-005-86748

AND ON FEBUARY 2ND CO AND KNOWN DIFFENDENT MCNEIL OF

O.S.I.U CAME TO THE YARD AS YOU WILL SEE ON THE CAMRA

FOR NO REASON OTHER THAN TO THRETIN PDANTIFF WITH

WITH FRUSTRATION AND ANGER, SAYING TO PLANTIFF NIGGER

IMA GET YOU KILLED ASAP! WATCH WHEN I GET YOU BACK IN

GENARLE POPULATION, YOU GONE DIE IM PUTTING MONEY

ON YOUR HEAD WATH AND I CAN MOVE YOU WERE EVER, RE
MEMBER NIGGA IM OSIU, BITCH ASS DAYROOM NIGGA...

TO THE POINT WERE GRVC STAFF AND, O.SI.U OFFICER

STAGGERS, ASK DIFFENDENT MC NEIL TO STOP, AND

OFFICER WITH HIS EYES WIDE OPEN THEN SAYIN

YO WHAT IS GOING ON HERE, THEN WALKING OFF THE YARD!!

FEELS THAT DIFFENDENT MC NEIL SHOULD BE FIRED ! ASAP

plantiff was on suicide watch for over 3 monthes straight for many reasons from the dates of on or about 7-30-22= till on or about 11-10-22 inside or rikers iland (AMK6), and grvc, plantiff felt sucidal because he seen that diffendents were trying to kill him, plantiff was fighting alot, plant iff felt helpless, plantiff was cut and stabbed, plantiff was starved in obcc, plantiff was left to die in obcc, plantiff was denied medical many times, plantiff was put in the box in grvc and not given recreation, plantiff, was assulted by officers,

sexually harrassed, plantiffs been unresonably sprayed with fire extinguishers, and chemicals, plantiff has also had hiss life thretened, plantiff has had officers spit on him and spit in his meaks, plantiff has also had his contact visits taken from him for no legal reason, leaving plantif without way to see his son ... latter on his son dieing in hit and run if plantiff would have been able to see and touch his child, on visits maybe this would have never happened, plantiff also lost other family members and friends

**O**..

② at approx 9am on 2-28-23= diffendent BROS ESSCORTED PLANT TO THE CLINIC FOR HIS HIS MEDICAL AND (prea) issuess with diffendent capt GUAN ON 2-23-23 2-25-23 ...when PLANTIFF ARIVIED, DIFFENDENT BROS ALSO WALKED INSIDE OF PLANTIFFS CUBTCUAL VIOLATING PLANTIFFS HIPPA RIGHTS, PRIVACY

AND SAYING TO THE NURSE, MAM HES JUST FINE CAN WE HURY UP, CUZ IM TRYNA GO HOME"!

AND ON THE **Q8th** of FEBUARY **Q023** in unit 1a @ approx **11:30** plantiff seen differdent kevin young for the second time this day ,him and 5 other security staff members , when differdent young told plantiff wile sitting at the dayroom table ... yo reyes you better be done drop that lawsuit nigga , differdent refering to the pro-se case 23-cv-0541 that included , other deffendents like , capt **guan** , adw HENRY ,KEVIN YOUNG, WILLIAM MC NEIL, AND PRESTON RITTER

THIS HAS ALL ALSO MADE PLANTIFF, FILL THREATENED... THE NEXT MORNING PLANTIFF WAS CRYING AND BECAME SCARED PLANTIFFS ASTHUMA, STARTED TO BOTHER HIM, AND HE ASKED FOR MEDICAL ATTENTION AND DIFFENDENT BRANCIE REFUSED TO MEDICAL EMERGENCY LIKE THE FLOOR OFFICER ASKED HER TO DIFFERDENT (Said) INSTED YOUR NOT GETTING MEDICAL REYESSS!! over the microphone leaving plantiff to suffer in his cell...the floor officer wrote this said information inside the floor post (log book) also for the future investigation ,plantiff asked for medical attention at 6:50 am and plantiff never recieved medical attention at all this day plantiff came out of his cell (3) at 12;30 pm for recreation caughing and weezing for air, plantiff was told by diffendent bros, that he gould not get medical attention at this time also, eather i want rec 1 hour or medical, plantiff herein feeling helpless once agian ..

2 minutes latter someone offered thereasthuma) pump to plantiff helping plantiff, for the moment...

Once plantiff Return from Recreation, plantiff Still wanted Medical and Now Mental Health services so the John Doe floor Officer to LO Bubble officer, to at Least Let him into the Bubble so that He Could Call Medical, and Diffendent Brancie Said Shut up your Acting Like these Stupid Inmates No-DNes getting Medical today!

| The second secon | Case 1:23-cv-01145-LGS Document 7 Filed 03/23/23 Page 56 of 225 to ALSO BUPPORT THE FACT THAT PLANTIFF NEVER RECIEVED HIS |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------|
| 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | RELIGIOUS HALAL FOOD , YOU CAN ALS SEE EXIBIT 33 ,plantiff                                                                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | also feels that he hasn t been given equal opertunity because                                                             |
| 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | lso in exibit 33 you will also see a dockment supporting                                                                  |
| 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | he fact that people and or a person (inmate) was given his                                                                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | jewishn kosher meals tho from 11- of 2022, andsjedskakkak                                                                 |
| . 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | hrew 5-of 2023 all in 1A, 2A, AND 6sprung housing in grvc                                                                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | and west facility of rikers iland!                                                                                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                           |
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Petitioner is currently being denied medical care in the instance of his Right Eye whihe he has a pre-existing injurity from use of force within the New Yark City Deopartment of Correction with correction officers and has alerted medical staff to.

Respondents at the GRVC facility is failing to address and petitioner's restriction from the facility clinic area prevents him from being able to receive adquate medical care in reference to seeking treatment in efforts of possible saving vision/eye sight in Right eye.

Petitioner knows that respondent CO Mcniel is aware of this because of the fact in the past respondent CO Mcniel has stated to petitioner directly that he hopes that the petitioner dies and looses vision in both his eyes.

As stated herein this conduct is conduct that both responding to the state of the s

Both Assistant commsioners named herein as respondents has toured petitioners housing unit, order respondta WARDEN CORT and ADW HARRIS to engage in action that is adverse petitioners protected constitutional rights with the understanding that said action is wrongful and otherise unlawful.

For all of the reasons mentioned herein petitioner demand that the Court grant trhhe relief he ask for herein and any other relief that



● plantiff is STATING HERUN, THAT ON THE DATE 3-8-23 diffendent mcneil , and adw henry came to unit 1a in grvc instructing him to have to leave recreation early , by different BROS, PLANTIFF STATED TO DEFFENDENTS THAT HE HAD ONLY BEEN GEVING 30minutes on the yard, and that he wanted his (full hourr) at reccreation, diffendents mc neil and adw henry told plantiff that if he wanted to go to rec that her had to be strip mearched first, by john doe officer who plantiff does not want to be a part of this suit herein, once plantiff was semched diffendents locked plantiff inside his cell and stated that, Every time plantiff called 311 they would in his cell and Search Plantiff also, plantiff was then begging for his cane back from deffendent mc neil, who took plantiffs cane and said you can walk reyes, you dont need this to do your lawsuits do you ,implying that he was upset once agin about plantiffs lawsiuts that was pending. so plantiff fills that this was all retaliation , before diffendent mcneil and ADW HENRY LEFT THE HOUSING AREA THEY BOTH STATED TO THE OFFICER THAT REYES BETTER NOT GET RECREATION THIS WHOLE WEEK , AND HE IS TO NOT BE LET OUT OF HIS CELL UNTILL HE HAS TO GO TO COURT, UNTILL HE DROPS HIS LAWSUITS!! than adw henry smiled and as she was leaving said ill be back reyes! latter, which diffendent then came back to the housing area @ about 4:50pm ... she did no tour of the housing area but she stated to the plantiff that he was not going to get a cane to walk with, and that she would make sure! then left the housing area again.

now the next day plantiff was odviously, being harrassed because at around 10;05am diffendent o.s.i.u WILLAM MCneil, adw henry, and other jane/john doe officers came to unit 1A ONCE AGAIN NOT DOING ANY KINDS OF tour commanding tour, or supervisions, sing rounds / INSPECTIONS...

ALL ON THE

DON'T PROPERTY.

GENTECS SAYING WHY THE FUCK IS YOU LOOKING AT ME REYES YOU NOT FUCKING ME, AND DID YOU GET YOUR MEDICAIL OR YOUR CANE YET?! plantiff never responded because he was scared to say the wrong thing to deffendent adw henry, about 3 hour hATTER ALL ON 3-19/2023, plantiff asked captain davis to take him to the clinic, for a new cane and because plantiffs head was hurting ,when all on the gentec footage, you will see deffendent henry say to captain davis, that plantiff should not be getting medical, then walking off to her office. plantiff latter seen the doctor as he should then get a new cane apoint 6ed to him but still being restricted from recreation on 3-8,9,10,11, % 2023, because of deffendents 3ab Orbers.

and ON OR ABOUT THE DATE OF 3-8-23 plantiffs father jessie hampton, and infent (baby) BROTHER WAS MADEE DENIED VISITATION AFTER 4 hours of standing in the cold weather because, of captain le flure(grvc) visit captain and, john doe officer, and capt(reyes) sheld NUMBER UNKNOWN BUT THIS INCIDENT CAN ALL BE SEEN ON THE CASHIER-BUILDING GENTECS WE WERE THIS CAPTAIN AND OFFICER WORKS, ALL AT ABOUT 1:30 pm ! the incedent all ended around 3:50pm at the cashier building PANN PLANTIFF STATES THAT HIS FATHER , AND VISITOR\$ WAS TOLD THAT PLANTIFF COULD NOT GET A VISIT BECAUSE HE (PLANTIFF) WAS ON VISIT RESTRICTION , ALL BY CAPTAIN REYES, AND THE OTHER DEFFENDENT CAPTAIN LE FLURE !!captain reyes also told plantiffs father that if he had a problem with it that him, and the (HONN DOE) OFFICER WOULD BEAT HIS ASS !! See EXIBIT 35 plantiffs family and visitors were also lied to , must you see exibit 18 that clearly states that plantiff was off of and no contact visits and also was wrongfully placed on this restriction from the begging.

Case 1:23-cv-01145-LGS Document 7 Filed 03/23/23 Page 60 of 225 and also that these such actions were done wrongfully and constantly plantiffs parents, mother and fathere was victums of this at least 3 to 4 times each... plantiff also states that the boardof of corrections sent oplantiff documents stating that these non-contact visits were never suppose to be implemented on plantiff

plantiff has seen mentale health, on the day of 3-9-23 for such actions and letting mental health know that he feels sucidale, because of the constant, retaliation from listed deffendents, visit restrictions, and the effects of this red i.d, eRS, STATUS PLANTIFF WANTS EQUAL OPPERTUNITY AND CONSTRUCTIONAL RIGHTS NOT TO BE (VIOLATED )

plantiff called 311also about his visits being violated here are the (EC) complant numbers ....

EC-005-93008

eC-005-



### THE CITY OF NEW YORK DEPARTMENT OF CORRECTION

### GEORGE R. VIERNO CENTER



### **SECURITY MEMORANDUM**

| NEW   INTERIM                                     | REVISED                 | MEMORAND           | UM NO. 1/23         |
|---------------------------------------------------|-------------------------|--------------------|---------------------|
| January 19, 2023                                  | DISTRIBUTION: ALL STAFF | SUBJECT: 1A CMC MC | OVEMENT             |
| SUPERSEDES: N/A                                   | -                       | REFERENCE: N/A     | PAGE 1<br>OF 1 PAGE |
| Prepared by:  Deputy Warden J. Matos,  PRINT NAME | Security & Operations   | Cum Punera, impite | y Lander            |

### EFFECTIVE IMMEDIATELY

Housing area 1A is the Court Ordered Lockdown. The individuals in this unit are on 23-hour lockdown and only allowed to exit their cells for one (1) hour for recreation. Upon escorting the individuals housed in 1A, staff shall ensure to activate their **Body Worn Cameras** and the escorting supervisor must make a radio transmission to Central Control to cease all movement.

All individuals will be escorted by one (1) Captain and two (2) Officers; however, only the individual(s) denoted below will be required to be in full restraints set up in the Facility:

- Cano Christopher 8952200296/13552006J CMC FULL-SET UP ERS/RESTRAINTS/RED-ID
- Reyes Daguan 4411804847/11638139L

CMC FULL-SET UP ERS/RESTRAINTS/RED-ID

Torres Ricky 1412001935/12922994Q

CMC FULL SET-UP ERS/RESTRAINTS/RED-ID

When any individual housed in 1A is departing the facility they must be placed in the full CMC setup. Please see the names of all individuals housed in 1A:

| 9 | Cano Christopher 8952200296/13552006J   | (Cell #15) |
|---|-----------------------------------------|------------|
| 0 | Forrest Trevor 3492002023/15028515J     | (Cell #5)  |
| • | Francis Walesa 4412102576/15276376H     | (Cell #2)  |
| • | Reyes Daquan 4411804847/11638139L       | (Cell #3)  |
| 6 | Thompson Kwaine 3491901450/07289661Q    | (Cell #4)  |
|   | Torres Ricky 1412001935/12922994Q       | (Cell #7)  |
|   | Williams Alexander 1/11801632/018078581 | (Call #11) |

### \*\*\* FAILURE TO ADHERE TO THE CONTENTS OF THIS MEMORANDUM WILL RESULT IN DISCIPLINARY ACTIONS. \*\*\*

\* move separately & remain separate from general population

c: Antoinette Cort, Acting Warden Elyn Rivera, Deputy Warden, Administration/ Programs



| PATIENT | NAME: DAQUAN REYES | FACILITY: GRVC        |  |
|---------|--------------------|-----------------------|--|
| NYSID:  | 11638139L          | BOOKCASE#: 4411804847 |  |

## DEPARTMENT OF CORRECTION NOTIFICATION OF PATIENT'S ADA CONSIDERATIONS

### **Type of ADA Considerations:**

### **Disabilities**:

Assistive Device #1: Cane

Device #1 Start Date: 03/09/2023 Device 1 End Date: 04/09/2023

Assistive Device #2:

Device #2 Start Date: Device #2 End Date:

Assistive Device #3:

Device #3 Start Date: Device #3 End Date:

| External N                                                                 | Medical Devices:    | •           |
|----------------------------------------------------------------------------|---------------------|-------------|
| Signature                                                                  | <u>If MO Housin</u> | g Required: |
| Ordering Provider: Frantz Nicolas PA Name/Date/Time: March 9, 2023 1:33 PM | Facility Name       | Print       |
| Printed By: Nicolas PA, Frantz                                             | Dorm:               | Cell:       |
| - #7682                                                                    |                     | 19/23       |
| DO Signature/Shield Number                                                 | /                   | Date        |

EXHIBIT- 1 K
MAY 18, 2021 INCIDENT
GRVC

### ATTACHMENT-B-1

| CITY OF NEW YORK - DEPARTMENT OF CORRECTION                                                                                                                                                                                                                                                                                                                                                                                                                      |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| OFFICE OF CONSTITUENT AND GRIEVANCE SERVICES Form: 7101R-A Eff.:9/14/18 Ref.: Dir. 3376R-A                                                                                                                                                                                                                                                                                                                                                                       |
| Inmate's Name: DeDIAN Reyes Book & Case #: 4411 804 847 NYSID #:                                                                                                                                                                                                                                                                                                                                                                                                 |
| Facility: Date Submitted: Date Submitted:                                                                                                                                                                                                                                                                                                                                                                                                                        |
| 10A 5-18-21 6-20-21                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| All grievances must be submitted within ten business days after the incident occurred, unless it's a sexual abuse or harassment allegation. The inmate filing the grievance must personally prepare this statement. Upon collection by the Office of Constituent and Grievance Services (OCGS) staff, OCGS staff will time-stamp and issue it a grievance reference number. OCGS staff shall provide the inmate with a copy of this form as a record of receipt. |
| Grievance: My name is listed and from A                                                                                                                                                                                                                                                                                                                                                                                                                          |
| previous incident 170 13A GRVC: mu                                                                                                                                                                                                                                                                                                                                                                                                                               |
| Dointing funger on my right hand is!                                                                                                                                                                                                                                                                                                                                                                                                                             |
| Still Rumb and it hurs sometimes                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| Frem when My hard was Sammed in the                                                                                                                                                                                                                                                                                                                                                                                                                              |
| Slot on May 18th                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| Action Requested by Inmate: T Neco & CON OF THIS AND T Neco                                                                                                                                                                                                                                                                                                                                                                                                      |
| the worden and Deputy for see this                                                                                                                                                                                                                                                                                                                                                                                                                               |
| Please read below and check the correct box:                                                                                                                                                                                                                                                                                                                                                                                                                     |
| Do you agree to have your statement edited for clarification by OCGS staff?  Yes  No                                                                                                                                                                                                                                                                                                                                         |
| Do you need the OCGS staff to write the grievance for you?  Yes No TO                                                                                                                                                                                                                                                                                                                                                                                            |
| lave you filed this grievance with a court or other agency?  Yes  No  Yes                                                                                                                                                                                                                                                                                                                                                                                        |
| Did you require the assistance of an interpreter?                                                                                                                                                                                                                                                                                                                                                                                                                |
| imate's Signature: Date of Signature: 6-20-21                                                                                                                                                                                                                                                                                                                                                                                                                    |
| CFOR DOC OFFICE USE ONLY                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| OCGS MUST PROVIDE A COPY OF THIS FORM TO THE INMATE AS A RECORD OF RECEIPT.                                                                                                                                                                                                                                                                                                                                                                                      |
| THIS FORM IS INVALID UNLESS SIGNED BY THE INMATE AND GRIEVANCE COORDINATOR                                                                                                                                                                                                                                                                                                                                                                                       |
| ME STAMP Category:  AND UII - 10 3 49 422379 Category:  AND UII - 10 3 49 422379                                                                                                                                                                                                                                                                                                                                                                                 |
| 2021 JUL - 6 P 3 49 722519 FYXXIIIX SUNGTION Office of Constituent and Grievances Services Coordinator/Officer Signature:                                                                                                                                                                                                                                                                                                                                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |

GRVC

EXHIBIT- 2 JAN 1, 2021 CLAIM AIIALOMENI - D.

| (62E)                   | CITY OF                                                                                     | NEW Y                         | ÓRK - I                     | DEPARTM                                                              | ENT OF C                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | CORRE                                         | CTION                               | 17.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|-------------------------|---------------------------------------------------------------------------------------------|-------------------------------|-----------------------------|----------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|-------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                         | OFFICE OF C                                                                                 |                               | ATE:STA                     | TEMENT FOR                                                           | M                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Ros.                                          | .: 7401R<br>//25/20<br>Dir. 3375R-A |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| inmate's N              |                                                                                             | AN R                          | eyes 1                      | ook & Case &                                                         | 4411-804-                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 847                                           | 1/638/3                             | 391                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| Fiellty:                | JRVC                                                                                        | <b>.</b>                      | ousing Are                  | * 13A                                                                | Date of Inck                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | _                                             | Data Submit<br>4-28                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| harassment of Constitue | es must be submitte<br>allegation. The inme<br>of and Grievance So<br>shall provide the inn | ate filing the<br>ervices (OC | grievance r<br>GS) staff, O | nust personally p<br>CGS staff will tim                              | repare this state<br>e-stamp.and iss                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | ment. Upon                                    | collection by th                    | e Office<br>number.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| Grievance:              | My prov                                                                                     | Derty                         | BAGS                        | 。井'5                                                                 | 1751                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 207                                           | 18                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                         |                                                                                             |                               | J                           | ÇONDANÎNÎ DERMÎNÎ ÇELÎ PÎ DOMÎNÎ ÎN | 1816                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 675                                           | 20                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                         | C-4                                                                                         |                               |                             |                                                                      | A1755                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <u> 5183</u>                                  | 318                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| AIT                     | 2790                                                                                        | ^                             |                             |                                                                      | A 183                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 1359                                          | 920                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| <u>B17</u>              | 35   83                                                                                     | 8 -                           | *                           |                                                                      | <u> </u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 1410                                          | 0                                   | <i>s</i> .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| Are                     |                                                                                             | ssm                           | C P                         | Nee                                                                  | D W                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | pro                                           | perty                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| ASA                     | 2 I                                                                                         | MIL                           | Be                          | on tr                                                                | ail v                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | vere                                          | <u> 4 800</u>                       | No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| No.                     | **************************************                                                      |                               |                             |                                                                      | TELEFON (ANTI-TELEFON ANTI-TELEFON ANTI-TELEF | www.waterateraterateraterateraterateraterater |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| • -                     | ested by Inmete:                                                                            | For r                         | my px                       | operty                                                               | bays:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | to B                                          | 2 Refu                              | MED                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| <u>onn</u>              | OR FOLL                                                                                     | WD.                           | and                         | I would                                                              | D. Like                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | copys                                         | OP THE                              | NEC.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| Please read             | below and check t                                                                           | he correct                    | box:                        |                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | /                                             |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                         | to have your statem                                                                         | -                             | •                           |                                                                      | Yes [I]                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | ₩o 🗖                                          | , ·                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                         | he OCGS staff to wr                                                                         |                               |                             |                                                                      | Yes [                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | No [3                                         |                                     | TO STATE OF THE ST |
|                         | this grievance with                                                                         |                               |                             | •                                                                    | Yes 🗔                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | No I                                          | / .                                 | anappate                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| mie you requi           | re the assistance of                                                                        | /<br>Marete                   | 3F7                         |                                                                      | Aer []                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | No 🗖                                          |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| nneis's Sign            | nature:                                                                                     | 4                             | ~ (h                        | ) <del>/</del>                                                       | •                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Dete of                                       | Signature:<br>4-28                  | -2/                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|                         | · · · ·                                                                                     |                               | FOR                         | OC OFFICE USE                                                        | OMLY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                               |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                         |                                                                                             |                               | COPY OF T                   | iis form to the                                                      | immate as à r                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | ecord of i                                    | recept.                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Ьή:                     | I CI S- XVIII                                                                               | Mald Thie                     | ss signed by                | thė immate and                                                       | grævance cooi                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | RDINATOR                                      |                                     | · STATEMENT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| THE STAMP               |                                                                                             | Grievance F                   | Reference #                 | 4                                                                    | 104273                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Category:                                     |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                         |                                                                                             | Retuen                        | of GR.                      | I <i>FUONC</i> e_<br>d Grievances Sen                                | dess Coordings                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Prope                                         | erty                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                         |                                                                                             | The same of the               | )                           | Birth                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | uraninai aiĝi                                 | ing pres & & &                      | no de la constitución de la cons |
|                         |                                                                                             |                               |                             | well the                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                               |                                     | Į.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |

05/05/2021

New York City Department of Correction

Inmate Property Query Receipt Screen

Inmate Name: REYES, DAQUAN

BAC: 4411804847

NYSID: 11638139L

Select a record from the list below - use up/down arrows to navigate

| Receipt #  | Receipt<br>Date | Disp. | Disposition<br>Date | Bag<br>Type | Property<br>Facility | Stor<br>Bin | age Loc<br>Shelf |     |
|------------|-----------------|-------|---------------------|-------------|----------------------|-------------|------------------|-----|
|            |                 |       |                     |             |                      |             |                  |     |
| 175120718  | 01/07/2020      | RTI   | 01/14/2020          | В           | GRVC                 |             |                  |     |
| 175518218  | 07/20/2018      | ACT   | 07/20/2018          | V           | SAM                  |             |                  |     |
| 175518318  | 07/20/2018      | RPG   | 11/06/2019          | В           | GRVC                 |             |                  |     |
| 181667520  | 01/30/2020      | RPG   | 01/29/2021          | В           | GRVC                 |             | •                |     |
| A175518318 | 11/06/2019      | RPG   | 01/14/2020          | В           | GRVC                 |             |                  |     |
| A1772790   | 03/16/2020      | RTI   | 04/10/2020          | В           | GRVC                 |             |                  |     |
| A181667520 | 01/29/2021      | ACT   | 01/29/2021          | B           | GRVC                 | 048         | 1                | 1   |
| A183135920 | 10/14/2020      | RTI   | 11/06/2020          | В           | GRVC                 |             | •                |     |
| A1831416   | 01/05/2021      | ACT   | 01/05/2021          | B           | GRVC                 | 039         | 2                | 2   |
| A1831827   | 05/03/2021      | ACT   | 05/03/2021          | В           | GRVC                 | 026         | 1                | . 3 |
|            |                 |       |                     |             |                      |             |                  |     |

<Help>=Help

<Select>=Select Record

<F18>=Receipt History <F11>=Exit

H 4111772

EXHIBIT- 3

APRIL - 2021 INCIDNET

| AND THE RESIDENCE AND |                                                                                                                                   | ATTACHMENT -                                                                           | C                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 31                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |
|-----------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
|                                                           | CITY OF NEW YORK - DEPARTMENT OF CORRECTION                                                                                       |                                                                                        |                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |
| (Care                                                     | OFFICE OF CONST                                                                                                                   | ITUENT AND GRIEVAN                                                                     | ICE SERVICES                                                                | Form.: 710:<br>Eff.: 8/23/19                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 9.                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |
|                                                           | D                                                                                                                                 | ISPOSITION FORM                                                                        |                                                                             | Ref.: Dir. 33                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 376R-A                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |
| Grievance Re<br>404322                                    | ference #:                                                                                                                        | Date Filed:<br>May 4, 2021                                                             | 1                                                                           | Facility<br>GRVC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | :<br>2 – 15A                    | (45)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |
| Inmate Name<br>Reyes, DaG                                 |                                                                                                                                   | Book and Case#:<br>441-18-04847                                                        | NYSID 11638139                                                              | i i                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Category:<br>Viedical           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |
| From OCGS I                                               | inmate Statement Form, prin                                                                                                       | nt or type short description                                                           | of grievance:                                                               | AND THE PROPERTY OF THE PARTY O |                                 | de processo de la companya de la com |  |
| 'I have not re                                            | ceived my medication in                                                                                                           | over 13 days. I have not i                                                             | been able to sleep or                                                       | eat."                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |
| Action Reques                                             | sted by Inmate:                                                                                                                   |                                                                                        |                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |
| I would like i                                            | this to be sent to the Dep                                                                                                        |                                                                                        |                                                                             | opies bac                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | k for my                        | self."                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |
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| Alternatively, OC                                         | Constituent and Grievance S<br>CGS staff shall provide an ex<br>subject to the Grievance Proces                                   | cplanation for why the subm                                                            |                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |
| has been forv                                             | ned Mr. Reyes, Daguan to<br>varded to Patient Relation<br>the GRVC Medical Team                                                   | ns for review and handl                                                                |                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |
|                                                           |                                                                                                                                   | IATE BOX BELOW AND F<br>vill forgo your right to appea                                 |                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |
| ☐ Yes, I acce                                             | ept the resolution $\Box$ No $$                                                                                                   | ☐I request to appeal the re                                                            | esolution of this grievan                                                   | ce to the C                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Command                         | ling officer.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |
| Commanding Officer.                                       | e grievance staff can request for a prelimin<br>. You will receive the outcome of this review<br>ance Process cannot be appealed. | ary based review If they feel the complain<br>w within (3) business days to inform you | t was thoroughly investigated and a<br>the appeal will proceed or you exhac | ddressed, prior (<br>Isted administra                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | to forwarding<br>tive remedies. | to the<br>Grievance                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |
| inmate's Signa                                            | iture:                                                                                                                            | 777                                                                                    | Date: 6-4-2                                                                 | 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | ,                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |
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Me. Notice

May 10, 2021

rosse: #/1018\_Em.: 09110/12\_Ref.: Dir. #3376 - mass

City of New York - Department of Correction

# ATE GRIEVANCE AND UEST PROGRAM STATEMENT FORM



| Book & Case #: NYSID # (optional): // 201001                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
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| Action Requested by Inmate:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
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| I would like this to be son to                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
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| Please read below and check the correct box                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| Do you agree to have your statement edited for clarification by IGRP staff? D. Yes. C. No.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| Do you need the IGRP staff to write the grievance or request for you? . Q Yes Q No.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| Have you filed this grievance or request with a court or other agency?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
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| Did you require the assistance of an interpreter?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
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| Inmate's Signature: 1 Date of Signature: 175-27                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
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| igrp must provide a copy of this form to the inmate as a record of receipt.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
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EXHIBIT- 4
STIMULUS CHECK COMPLAINT

### ATTACHMENT - C CITY OF NEW YORK - DEPARTMENT OF CORRECTION OFFICE OF CONSTITUENT AND GRIEVANCE SERVICES Form.: 7102R Eff.: 8/23/19 Ref.: Dir. 3376R-A DISPOSITION FORM Grievance Reference #: Date Filed: Facility: 507488 December 9, 2021 **GRVC - 15A** Inmate Name: Book and Case#: Category: Reyes, Daquan 441-18-04847 NYSID# 11638139L Correspondence/Mail From OCGS Inmate Statement Form, print or type short description of grievance: "I signed my stimulus check with my signature for it to be sent to my family's home in Queens NY (back in July) of 2021. Then it was given to the mailroom officer Gordon. I then was notified by my family member that she never received my check in the mail. I don't know what's going on... Action Requested by Inmate: I want to know where my check is and or I would like to report my check stolen STEP 1: FORMAL RESOLUTION ☐ Submission is not subjected to the Grievance Process Check one box: Grievance The Office Of Constituent and Grievance Services proposes to formally resolve your grievance as follows below. Alternatively, OCGS staff shall provide an explanation for why the submission is not subject to the OCGS process. Grievances not subject to the Grievance Process cannot be appealed. OCGS met with the facility (GRVC) mailroom officer who states the check was indeed mailed out as requested by Mr. Reyes, Daquan. However, because Mr. Reyes did not request the item be sent "certified" OCGS is unable to track the delivery progress. OCGS informed Mr. Reyes, Daguan that either he or his family contacting the IRS would be the best route to take in at the least obtaining the status of the item (if it has been cashed or not). OCGS concludes this matter to be modified. No additional action required by OCGS. CHECK THE APPROPRIATE BOX BELOW AND PROVIDE YOUR SIGNATURE (Failure to sign forms will forgo your right to appeal the proposed resolution.) ☐ Yes, I accept the resolution ☐ No ☐ I request to appeal the resolution of this grievance to the Commanding officer.

Note: If you appeal, the grievance staff can request for a preliminary based review if they feel the complaint was thoroughly investigated and addressed, prior to forwarding to the Commanding Officer. You will receive the outcome of this review within (3) business days to inform you the appeal will proceed or you exhausted administrative remedies. Grievance not subject to the Grievance Process cannot be appealed.

Inmate's Signature:

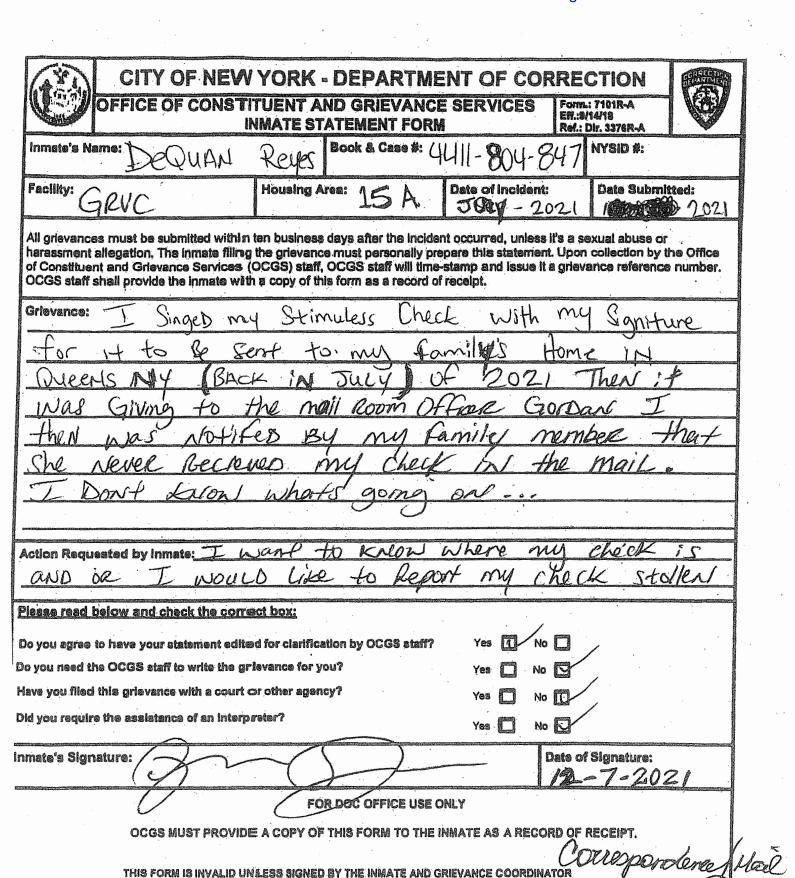
Date:

Preliminary Review Requested

Grievance Coordinator/Officer Signature:

Ms. Nelson

December 15, 2021



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2021 DEC -9 P 4: 34

Grievance Reference #

507488

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Office of Constituent and Grievanees Services Coordinator/Officer Signature:

ADW GREEN PROPERTY COMPLAINT

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| (B)                        | CITY OF                                                                                      | VEW YORK                                   | - DEPAI                           | RTWE                        | IT OF CO                               | RRĘ     | CTION                            |                      |
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| (5)                        | OFFICE OF CC                                                                                 |                                            | tatėmėnt                          | 'Endu                       | SERVICES                               | E7.: 2  | : 7101R<br>/25/29<br>Dr. 23/28-a |                      |
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| -                          | he OCGS staff to wri                                                                         |                                            |                                   |                             | Yes 🔲 🛝                                |         | /                                |                      |
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| TIME STAMP                 |                                                                                              | Grievance Referen                          |                                   | ,                           |                                        | tygory: |                                  |                      |
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|                            |                                                                                              | en and and feel of the                     | OS ZEE                            |                             | and a second day of the                |         | A-renders At 1                   |                      |

JULY 16, 2021 COMPLAINT MEDICAL / RENEE

# ATTACHMENT - C CITY OF NEW YORK - DEPARTMENT OF CORRECTION OFFICE OF CONSTITUENT AND GRIEVANCE SERVICES Form.: 7102R Eff.: 8/23/19 Ref.: Dir. 3376R-A DISPOSITION FORM Grievance Reference #: Date Filed Facility: 422379 July 6, 2021 GRVC - 15A Inmate Name: Book and Case#: Category: Reves, DaQuan Assault Allegation 441-18-04847 NYSID# 11638139L From OCGS Inmate Statement Form, print or type short description of grievance: <u>"My name is listed and from a previous incident in 13A GRVC my pointing finger on my</u> right hand is still numb and it hurts sometimes from when my hand was slammed in the slot on May 18, 2021. Action Requested by Inmate: <u>"I need a copy of this, and I need the Warden and Deputy to see this."</u> STEP 1: FORMAL RESOLUTION Check one box: Grievance Submission is not subjected to the Grievance Process The Office Of Constituent and Grievance Services proposes to formally resolve your grievance as follows below. Alternatively, OCGS staff shall provide an explanation for why the submission is not subject to the OCGS process. Grievances not subject to the Grievance Process cannot be appealed. OCGS informed Mr. Reyes, Daguan that as per DOC incidents history; this matter has been reported/documented under UOF# 3058/21 CHECK THE APPROPRIATE BOX BELOW AND PROVIDE YOUR SIGNATURE (Failure to sign forms will forgo your right to appeal the proposed resolution.) ☐ Yes, I accept the resolution ☐ No ☐ I request to appeal the resolution of this grievance to the Commanding officer. Note: If you appeal, the grievance staff can request for a preliminary based review if they feel the compleint was thoroughly investigated and addressed, prior to forwarding to the Commanding Officer. You will receive the outcome of this review within (3) business days to inform you the appeal will proceed or you exhausted administrative remedies. Grievance not subject to the Grievance Process cannot be appealed.

Inmate's Signature:

Date: 7-13-2

☐ Preliminary Review Requested

Date:

Grievance Coordinator/Officer Signature:

Me. Nobec

July 9, 2021

EXHIBIT- 7
VISITATION COMPLAINT

| ATTA        | CHM  | ENT | - 6 |
|-------------|------|-----|-----|
| P-3 1 1 P-4 | CLIP |     |     |



# CITY OF NEW YORK - DEPARTMENT OF CORRECTION



de

|                                       | OFFICE OF CONSTITUENT A                                                                                                                                                  | ND                   | GRIEVANCE SERVICES                                                                                         | Form.: 7102R<br>Eff.: 8/23/19 |                                                                                                                |                   |  |  |
|---------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|------------------------------------------------------------------------------------------------------------|-------------------------------|----------------------------------------------------------------------------------------------------------------|-------------------|--|--|
|                                       | DISPOSIT                                                                                                                                                                 | ION                  | FORM                                                                                                       | Ref.:                         | : Dir. 3376R-A                                                                                                 |                   |  |  |
| Grievance Re                          |                                                                                                                                                                          | Facility: GR         | /C 2A                                                                                                      |                               |                                                                                                                |                   |  |  |
| Inmate Name:                          | Reyes, Dequan                                                                                                                                                            |                      | Book and Case: 4411804847                                                                                  |                               | Category                                                                                                       | : Visits          |  |  |
| From OCGS I<br>My visits have         | nmate Statement Form, print or type s<br>been in the booth for over 2 1/2 years                                                                                          | hort o               | description of grievance:<br>as never notified. also, never assa                                           | nulted                        | l anyone on the                                                                                                | e visit area.     |  |  |
| Action Request                        | ted by Inmate: I want my regular visit                                                                                                                                   | s bac                | ck and want 2 copies of this today                                                                         | y.                            |                                                                                                                |                   |  |  |
|                                       | STEP 1                                                                                                                                                                   | : FOI                | RMAL RESOLUTION                                                                                            |                               |                                                                                                                |                   |  |  |
| Check one b                           | pox: Grievance                                                                                                                                                           | is no                | ot subjected to the Grievance Prod                                                                         | cess                          |                                                                                                                |                   |  |  |
| The Office Of Co<br>Alternatively, OC | nstituent and Grievance Services propose<br>GS staff shall provide an explanation for v                                                                                  | es to f<br>why th    | formally resolve your grievance as for<br>the submission is not subject to the O                           | llows I<br>CGS p              | below.<br>process.                                                                                             |                   |  |  |
| and 1/27/22. Y<br>Correction. You     | f has reviewed your complaint and lea<br>ou are listed on the non-contact visit f<br>I may file an article 78 if you have not<br>e: you have a copy of the article 78 an | for th<br>done       | e duration of your time while hou<br>e so already, for Notice of petition                                  | ised in                       | n the Departm                                                                                                  | ent of            |  |  |
|                                       | CHECK THE APPROPRIATE BOX<br>(Failure to sign forms will forgo yo                                                                                                        |                      |                                                                                                            |                               | RE                                                                                                             |                   |  |  |
| □ res, I acce                         | ept the resolution $\Box$ No $\Box$ I request                                                                                                                            | to a                 | ppeal the resolution of this grievar                                                                       | nce to                        | the Comman                                                                                                     | ding officer.     |  |  |
| Commanding Officer. Yo                | grievance staff can request for a preliminary based review i<br>ou will receive the outcome of this review within (3) busines<br>ance Process cannot be appealed.        | f they fo<br>is days | tel the complaint was thoroughly investigated and a<br>to Inform you the appeal will proceed or you exhaus | ddressed<br>led admi          | d, prior to forwarding t<br>inistrative remedies. G                                                            | o the<br>rievance |  |  |
| Inmate's Signa                        | ture:                                                                                                                                                                    |                      | Date: 11/21/22                                                                                             |                               | PARTIES DE LE CONTROL DE L | a                 |  |  |
|                                       | O Pre                                                                                                                                                                    | əlimir               | nary Review Requested                                                                                      |                               |                                                                                                                |                   |  |  |
| Grievance Coo                         | rdinator/Officer Signature:                                                                                                                                              |                      | Date: 11/21/22                                                                                             |                               |                                                                                                                |                   |  |  |

| CITY OF NEW YORK - DEPARTMENT OF CORRECTION  OFFICE OF CONSTITUENT AND GRIEVANCE SERVICES INMATE STATEMENT FORM  Book & Case #: 4411 804 847  Actility: GP WC  Housing Area: Date of Incident: Date Submitted:  11 15 27  Igrievances must be submitted within ten business days after the incident occurred, unless it's a sexual abuse or massment allegation. The inmate filing the grievance must personally prepare this statement. Upon collection by the Office Constituent and Grievance Services (OCGS) staff, OCGS staff will time-stamp and issue it a grievance reference number.  CGS staff shall provide the inmate with a copy of this form as a record of receipt. |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| INMATE STATEMENT FORM  Ref.: Dir. 3376R-A  Imate's Name:  DeQuan  Rey Book & Case #: Y411 804 847  Ref.: Dir. 3376R-A  NYSID #:  Date Submitted:  11 16 27  Igrievances must be submitted within ten business days after the incident occurred, unless it's a sexual abuse or transment allegation. The inmate filing the grievance must personally prepare this statement. Upon collection by the Office Constituent and Grievance Services (OCGS) staff, OCGS staff will time-stamp and issue it a grievance reference number.  CGS staff shall provide the inmate with a copy of this form as a record of receipt.                                                              |
| Declure Register Housing Area: 2A Date of Incident: Date Submitted: 11 15 22  I grievances must be submitted within ten business days after the incident occurred, unless it's a sexual abuse or transment allegation. The inmate filing the grievance must personally prepare this statement. Upon collection by the Office Constituent and Grievance Services (OCGS) staff, OCGS staff will time-stamp and issue it a grievance reference number. CGS staff shall provide the inmate with a copy of this form as a record of receipt.                                                                                                                                            |
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| rassment allegation. The inmate filing the grievance must personally prepare this statement. Upon collection by the Office Constituent and Grievance Services (OCGS) staff, OCGS staff will time-stamp and issue it a grievance reference number. CGS staff shall provide the inmate with a copy of this form as a record of receipt.                                                                                                                                                                                                                                                                                                                                              |
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| tion Requested by Inmate: I want my Regular Visits Back and Want 2 copies of this today                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| ease read below and check the correct box:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| you agree to have your statement edited for clarification by OCGS staff?  Yes No I                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| you need the OCGS staff to write the grievance for you?  Yes No 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| ve you filed this grievance with a court or other agency?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| you require the assistance of an interpreter?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| nate's Signature: Date of Signature:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
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| FOR DOC OFFICE USE ONLY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| OCGS MUST PROVIDE A COPY OF THIS FORM TO THE INMATE AS A RECORD OF RECEIPT.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| This form is invalid unless signed by the inmate and grievance coordinator                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| ESTAMP Grievance Reference # Category:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| Office of Constituent and Grievances Services Coordinator/Officer Signature:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |

EXHIBIT- 8 CLO 13/21

|                                                         | COR                                            |                         |                                         |                                        |  |  |
|---------------------------------------------------------|------------------------------------------------|-------------------------|-----------------------------------------|----------------------------------------|--|--|
|                                                         | GEORGE R. VIERNO CENTER                        |                         |                                         |                                        |  |  |
|                                                         | COM                                            | MAND LEV                | EL ORDER                                |                                        |  |  |
| ORDER NUMBER:<br>#13/21                                 | SECURITY                                       | ( X) NEW<br>( ) REVISED | SUBJECT: COURT ORDERED LOCKDOWN INMATES | AREAS ALL STAFF                        |  |  |
| EFFECTIVE DATE: 07/19/21                                | ( ) ADMINISTRATION { ) PROGRAMS { X } SECURITY | PAGE 1 OF 6             | REFERENCE: Facility Generated           | ************************************** |  |  |
| AUTHORIZED BY THE COMMANDING OFFICER  JEAN RENE, WARDEN |                                                | SIGNATURE               | grabed                                  |                                        |  |  |

#### I. PURPOSE

This command level order is to establish policy and procedures for the Care, Custody and Control of the inmates under Court Order lockdown status.

#### II. POLICY

It shall be the policy of the George R. Vierno Center to comply with the mandates of all Court Orders dealing with inmates housed in this facility. Additionally, the restrictions imposed on "Lockdown Status" inmates by the Court supercedes any rights these inmates may ordinarily have under the Minimum Standards.

#### III. PROCEDURES

The inmates housed in Court Ordered lock-down areas shall be governed by the following:

- a. Twenty-three (23) hour lock-in, feed -in status.
- b. Inmates housed in Court Ordered Lock-Down areas will be allowed to possess the following property in their cell:
  - 1. One (1) Bible
  - 2. Three (3) Magazines
  - 3. Three (3)Books
  - 4. One (1) Bar of Soap
  - 5. One (1) Container of Shampoo
  - 6. One (1) Toothbrush
  - 7. One (1) Toothpaste
  - 8. One (1) Plastic Cup
  - 9. One (1) Towel
  - 10. Deodorant



#### GEORGE R. VIERNO CENTER

### COMMAND LEVEL ORDER

ORDER NUMBER # 13/21

EFFECTIVE DATE: 07/19/21 SUBJECT: COURT ORDERED LOCKDOWN INMATES

PAGE 2 OF 6 PAGES



#### IV. PROCEDURES (CONTINUED)

#### Special Security Procedures

- a. Inmates in lock-down status shall not be removed from their cells unless a Captain is present. AT NO TIME WILL MORE THAN ONE (1) INMATE BE ALLOWED OUT OF HIS CELL AT ANY ONE TIME.
- b. Whenever a Court Ordered Lock-Down inmate is removed from the housing area, he shall be restrained in leg irons, waist chains and mitts. The inmate shall be under one-on-one observation of a Correction Officer to assure no communication with any other inmate(s), verbally, in writing or through hand signs.
- c. During the day tour (0700x 1500 hours) and under the supervision of a Captain these inmates shall be strip-searched, and their property carefully searched daily. Theses searches will be recorded on a Random Search Form.
- d. Inmates shall always dress in jumpsuits, unless going to court for trail.
- e. Immates housed in Court Ordered Lock -In areas shall not be allowed to refuse to be produced in court.
- f. The Court Ordered inmates shall not be permitted to refuse to attend court because of complaints of health problems unless the physician examine this defendant certifies in writing that the attendance of this defendant in court would likely result in serious impairment to this defendant's health. In this event, this information shall be immediately transmitted to the Central Operations Desk at (718) 546-1384.
- g. The Court Ordered inmate's accompany card shall be kept in the CMC box in the General office.

#### Program /Inmate Services

#### Law Library/Outgoing Mail

Inmates will make all request for Law Library materials in writing. These requests will be forwarded to the Security Office who will obtain copies of the requested materials and place same in the inmate's blue storage bin.

The assigned Captain will collect all letters written by the inmate. The Captain will turn
the mail over to the Security Office. Under no circumstances will any inmate in Court
Ordered Lockdown status be permitted to send out any written correspondence or any
other type of communication.



#### GEORGE R. VIERNO CENTER

#### COMMAND LEVEL ORDER

SUBJECT: COURT ORDERED

LOCKDOWN INMATES

ORDER NUMBER # 13/21

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#### PROCEDURES (CONTINUED)

#### Telephone Calls and Visit Privileges:

REFECTIVE

DATE: 07/19/21

- 1. The court ordered inmates are barred from Visits and Telephone calls to anyone other than their attorney of record. These numbers are listed in each inmate's court order folder.
- 2. All calls will be placed between the hours of 1330-1430 hours and 1630-1730 hours.
- 3. The Correction Officer assigned to the post shall make the telephone call using a P.I.N. Number which will be changed weekly by Security. Inmates are not allowed to know the P.I.N. numbers. The Correction Officer shall maintain a log of each attorney called. Such a log will detail the following information for each attempted call:
  - Date and Time call requested
  - Time call was placed
  - Whether or not contact was made with the Attorney
  - Time call ended.

#### **Inmate Showers**

Inmates will be afforded a ten-minute shower, a day. The showers are to be recorded in a shower logbook. As stated earlier, a Captain shall be present when the inmate is removed from his cell to the shower and again when he is returned from the shower to his cell. All shower activity shall be logged in the Housing Area Logbook.

#### Incoming Mail

Any incoming mail for inmates housed in court ordered areas will be forwarded to the GRVC Security Office. No mail shall be forwarded to these immates until approved by the Commanding Officer or his/her designee.

#### Commissary

The only items inmates housed in court ordered areas may purchase from commissary are:

- 1. Soap
- 4. Toothpaste
- 2. Shampoo
- 5. Paper
- 3. Deodorant



# CENTER

#### COMMAND LEVEL ORDER

SUBJECT: COURT ORDERED

LOCKDOWN INMATES

ORDER NUMBER # 13/21

GEORGE R. VIERNO

PAGE 4 OF 6 PAGES



#### PROCEDURES (CONTINUED) VI.

EFFECTIVE

DATE: 07/19/21

Custodial staff assigned to the housing area will complete the Commissary request form for the inmate. This shall prevent subject from communicating with commissary help. All commissary products will be thoroughly searched prior to giving them to the intended inmate. Appropriate logbook entries shall be made relative to the delivery of this service.

#### Social Service

All request for Social Services shall be forwarded to the Security Office. At no time will these inmates have any contact with Social Service personnel. Additionally, at no time will interview slips be forwarded to any Service area.

#### Religious Services

If these inmates request religious services, the Chaplain will be called to visit them. However, the Chaplain will first be instructed that he/she may not:

- 1. Communicate on the inmate's behalf with anyone other than the Warden, the Security Office, or the Court -appointed Special Master.
- 2. Convey any written messages from these inmates to anyone else.
- 3. May not give anything to or receive anything from these inmates.

#### Medical/Mental Health Services

Any necessary medical or mental health services are to be provided to these inmates in the housing area. They will not be removed to go to the Clinic unless it is physically impossible to provide them with necessary medical services in the cell/housing area. Mental Health services, if required, will be provided to them in the housing area, not the clinic.

If the inmate must be removed to the Clinic for medical services, he shall be escorted by a Correction officer and a Captain and Kept separate from all other inmates in such a manner as to assure that he is unable to communicate in any manner with other inmates:

Medical Staff who come to see these immates in the housing area should first be instructed that they may not:



#### GEORGE R. VIERNO CENTER.

#### COMMAND LEVEL ORDER

**ORDER NUMBER # 13/21** 

EFFECTIVE DATE: 07/19/21

SUBJECT: COURT ORDERED LOCKDOWN INMATES

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#### VII. PROCEDURES (CONTINUED)

- 1. Communicate on the inmate's behalf with anyone other than the Warden or the Security. Office.
- 2. Convey any written messages.
- 3. May not give anything to or from these inmates unless the item is necessary to provide medical services (i.e. medical supplies, medication).

#### **Hospital Runs**

If the immate requires hospitalization, he is to be treated and outposted at Bellevue Hospital as a medical emergency. In the event of a medical emergency, the inmate is to be transported to the nearest hospital.

#### Inmate Recreation

Inmates housed in the Court Ordered area may be afforded recreation in accordance with the details delineated in the court order or as amended in a separate memo. These stipulations shall be reflected in the posted "Recreation Schedule". A Captain shall be present when the inmate is removed from his cell and returned to his cell, following the recreation period. While at recreation, these inmates shall be separated from all other inmates verbally, in writing or through hand signals. These inmates will be restrained in waist chains handcuffs and mitts whenever they are out of their cells for recreation.

Appropriate logbook entries shall be made relative to delivery of this service.

#### CELL AREA ACCESS AND SUPERVISION

- 1. Civilian personnel (i.e. Chaplain and Medical Staff) must always enter the cell area accompanied by a Supervisor.
- 2. The area Captain will conduct at least three (3) tours of inspection in the court ordered inmates cell area during each tour of duty.
- 3. The on-duty Tour Commander will conduct at least one (1) tour of inspection during each tour of duty. He/she is responsible for ensuring that the provisions of this order are fully complied with.

#### LEGAL JUSTIFICATION

This order is justified as per Supreme Court Order.



SUBJECT: COURT ORDERED LOCKDOWN INMATES

GEORGE R. VIERNO CENTER

COMMAND LEVEL ORDER

ORDER NUMBER # 13/21

PAGE 6 OF 6 PAGES



PREPARED BY:

REFECTIVE

DATE: 07/19/21

JONELLE SHIVRAJ, Deputy Warden for Security

**REVIEWED BY:** 

BARNABY, Deputy Wargen for Administration

JOANNIE MADOS, Deputy Warden for Programs/Operations

TIFFANY MORALES, Deputy Warden for Enhanced Supervision Housing

| Inmate's Name:  Detail Review System  | E OF CONSTITUEN               | T AND GRIEN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | ANCE SERVICE                                                                                                   | ES Form.: 7101R        |                  |
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| This promise invalue of an interpreter?  This promise is a series by the conditional of the condition of the | MMAT                          | <b>E STATEMENT</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | FORM                                                                                                           |                        | ira 💙            |
| If grievances must be submitted withing ten business days effer the incident occurred, unless it's a sexual abuse or arresement allegation. The furnate filling the grievance must personally prepare this statement. Upon collection by the O occusion and Grievance Services (OCGS) staff, OCGS staff with time-stamp and issue it a grievance reference num occus of shall provide the immate with a copy of this form as a record of receipt.  Indicated the immate with a copy of this form as a record of receipt.  Indicated the immate with a copy of this form as a record of receipt.  Indicated the immate with a copy of this form as a record of receipt.  Indicated the immate with a copy of this form as a record of receipt.  Indicated the immate with a copy of this form as a record of receipt.  Indicated the immate with a copy of this copy occupance of the immate with a copy of this prevance for you?  Yes I no I you registre the assistance of an interpreter?  Yes I no I are of signisture:  I port to occupance of this prevance for your occupance of the immate as a record of receipt.  This form is invalid unless signed by the immate and grievance bookshator.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Quan Reves                    | Book & Cas                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 4411-804-                                                                                                      | 847 <b>NYSI</b>        | ) <b>#</b> :     |
| arassment allegation. The Immate fills the grievance must personally prepare this statisment. Upon collection by the Of Constituent and Grievance Services OCGS) staff, OCGS staff will time-stamp and Issue it a grievance reference nun CGS staff shall provide the immate with a copy of this form as a record of receipt.  When From Dec 1st willing I arrived Health of Decision Decision of the Upon CGS staff of the Upon C | Hous                          | ing Area: 1A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                |                        |                  |
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| ve you filed this grievance with a court or other agency?  Yes No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | ur statement edited for cli   | arification by OCGS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | staff? Yes 🖸                                                                                                   | No []                  |                  |
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| This form is invalid unless signed by the immate and grievance coordinator                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                               | FOR DOC OFFICE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | E USE ONLY                                                                                                     |                        |                  |
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| Office of Constituent and Grievances Services Coordinator/Officer Signature:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                |                        |                  |
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# CITY OF NEW YORK - DEPARTMENT OF CORRECTION



| OFFICE OF CC                                                                                                                                               | INMATE STATEMENT FOR                                                                                                                                                     |                                                   | Form.: 7101R-A<br>Eff.:9/14/18<br>Ref.: Dir. 3376R-A |                                                        |  |  |  |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------|------------------------------------------------------|--------------------------------------------------------|--|--|--|--|
| Inmate's Name: DeGUAN                                                                                                                                      | Reves Book & Case #:                                                                                                                                                     | 4411 804 847                                      | NYSID#:                                              |                                                        |  |  |  |  |
| Facility: GRYC                                                                                                                                             | Housing Area: 15 Å                                                                                                                                                       | Date of Incident:                                 | Date Submi                                           | tted:<br>19=20                                         |  |  |  |  |
| harassment allegation. The inma<br>of Constituent and Grievance Se                                                                                         | d within ten business days after the incidente filing the grievance must personally pervices (OCGS) staff, OCGS staff will time the with a copy of this form as a record | prepare this statement<br>ne-stamp and issue it a | . Upon collection by t                               | he Office                                              |  |  |  |  |
| By Officer Does'nt Like the FA                                                                                                                             | cox # C Gr<br>Cox # C Gr<br>cf that If D                                                                                                                                 | ause She<br>ause She                              | auge She<br>Doesht                                   | arma                                                   |  |  |  |  |
| D.O.C. Sthr                                                                                                                                                | P ETRE TEPUTY                                                                                                                                                            |                                                   |                                                      |                                                        |  |  |  |  |
| Action Requested by Inmate:X                                                                                                                               | 2 copys and for                                                                                                                                                          | the ward                                          | en to se                                             | e                                                      |  |  |  |  |
| Please read below and check to                                                                                                                             | ne correct box:                                                                                                                                                          | /                                                 |                                                      | elinię jakozowa je |  |  |  |  |
|                                                                                                                                                            | ent edited for clarification by OCGS staff                                                                                                                               | ? Yes No.                                         |                                                      | - Company                                              |  |  |  |  |
| Do you need the OCGS staff to wri                                                                                                                          |                                                                                                                                                                          | Yes No                                            |                                                      |                                                        |  |  |  |  |
| Have you filed this grievance with a court or other agency?  Did you require the assistance of an interpreter?  Yes No |                                                                                                                                                                          |                                                   |                                                      |                                                        |  |  |  |  |
| Inmate's Signature:                                                                                                                                        |                                                                                                                                                                          |                                                   | Date of Signature:<br>May - 24 -                     | 2020                                                   |  |  |  |  |
|                                                                                                                                                            | FOR DOE OFFICE USI PROVIDE A COPY OF THIS FORM TO TH  IVALID UNLESS SIGNED BY THE INMATE ANI                                                                             | E INMATE AS A RECO                                |                                                      |                                                        |  |  |  |  |
| TIME STAMP                                                                                                                                                 | Grievance Reference #                                                                                                                                                    | Caf                                               | tegory:                                              |                                                        |  |  |  |  |
|                                                                                                                                                            | Office of Constituent and Grievances Se                                                                                                                                  | rvices Coordinator/Off                            | icer Signature:                                      |                                                        |  |  |  |  |

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| CITY | OF | NEW                                  | YORK                                                   | tes     | DE              |
|      |    |                                      |                                                        | ericey. | or with a state |

Grievance Coordinator/Officer Signature:

Mr. Parris

EPARTMENT OF CORRECTION OFFICE OF CONSTITUENT AND GRIEVANCE SERVICES Form.: 7102R Eff.: 8/23/19 Ref.: Dir. 3376R-A DISPOSITION FORM Grievance Reference #: Date Filed: Facility: 01/18/2023 GRVC - 1A 620743 Inmate Name: Book and Case#: Category: Reyes, Daquan 4411804847 NYSID# 11638139L Medical From OCGS Inmate Statement Form, print or type short description of grievance: Daguan Reyes ask for medical on Jan -16-2023 Inside my cell 3 In 1A. I would like the video preserved and saved from 4pm. When we came into housing area escorted by ESU staff till about 12pm where I was inside my cell gasping for air because I needed medical and was denied by staff because Officer Mcneil. Action Requested by Inmate: Copy's and to be seen by who this may concern. STEP 1: FORMAL RESOLUTION Check one box: Grievance ☐ Submission is not subjected to the Grievance Process The Office Of Constituent and Grievance Services proposes to formally resolve your grievance as follows below. Alternatively, OCGS staff shall provide an explanation for why the submission is not subject to the OCGS process. Grievances not subject to the Grievance Process cannot be appealed. OCGS informed Mr. Reyes, Daquan as per NYCH&H Correctional Health Services this matter has been forwarded to Patient Relations for review and handling. In addition, this matter has been forwarded to the GRVC Medical Team as well as the Warden's Office CHECK THE APPROPRIATE BOX BELOW AND PROVIDE YOUR SIGNATURE (Failure to sign forms will forgo your right to appeal the proposed resolution.) ☐ Yes, I accept the resolution ☐ No ☐ I request to appeal the resolution of this grievance to the Commanding officer. Note: If you appeal, the grievance staff can request for a preliminary based review if they feel the complaint was thoroughly investigated and addressed, prior to forwarding to the Commanding Officer. You will receive the outcome of this review within (3) business days to inform you the appeal will proceed or you exhausted administrative remedies. Grievance not subject to the Grievance Process cannot be appealed. Date: Inmate's Signature: Preliminary Review Requested

Date:

01/19/2023



# CITY OF NEW YORK - DEPARTMENT OF CORRECTION



|                                         | OFFICE OF C                               | ONSTITUENT A<br>INMATE ST                                                                              | ND GRIEVANO<br>ATEMENT FOR                 |                         | E11.:9/        | : 7101R-A<br>14/18<br>Dir. 3376R-A |                      |
|-----------------------------------------|-------------------------------------------|--------------------------------------------------------------------------------------------------------|--------------------------------------------|-------------------------|----------------|------------------------------------|----------------------|
| Inmate's Na                             | ime: Delilan                              | Reges                                                                                                  | Book & Case #:                             | 411-804-84              | 7              | NYSID #:                           |                      |
| Facility:                               | RVC                                       | Housing A                                                                                              | rea: 1A                                    | Date of Incider         | it:<br>He Work | Date Submit                        |                      |
| harassment a<br>of Constituer           | allegation. The inm<br>nt and Grievance S | ed within ten business<br>nate filing the grievanc<br>Services (OCGS) staff,<br>mate with a copy of th | e must personally p<br>OCGS staff will tin | prepare this statements | nt. Upon       | collection by th                   | ne Office<br>number. |
| Grievance:                              | Security                                  | Offier OSI                                                                                             | u Officer                                  | McNeil                  |                | s Sexua                            | Jy                   |
| <u>narras</u>                           | SINO ME                                   | CMD He                                                                                                 | CEPP OSK                                   | not tor of              | MY E           | ittentio                           | N'                   |
| <u> </u>                                | JUSON CHIE                                | + KILL Hir                                                                                             | N DE MY                                    | 1844 please             | <u> </u>       | Th.                                |                      |
| *************************************** |                                           |                                                                                                        | · · ·                                      |                         | ***            |                                    |                      |
|                                         |                                           |                                                                                                        |                                            |                         |                |                                    | ·                    |
|                                         |                                           |                                                                                                        |                                            | <del></del>             |                |                                    |                      |
|                                         |                                           |                                                                                                        | •                                          |                         |                |                                    |                      |
| Action Requ                             | ested by Inmate:                          | Notify prea                                                                                            | and I No                                   | ED COPYS.               |                |                                    |                      |
| Please read t                           | elow and check                            | the correct box:                                                                                       |                                            |                         | ·              |                                    |                      |
|                                         |                                           | nent edited for clarifica<br>rite the grievance for yo                                                 |                                            | Yes V                   | 40             |                                    |                      |
| Have you filed                          | this grievance with                       | n a court or other agend                                                                               | cy?                                        |                         | 10 🔼           |                                    |                      |
| Did you require                         | e the assistance of                       | an interpreter?                                                                                        |                                            | Yes 1                   | vo 🗖           | . ·                                | ,                    |
| nmate's Sign                            | ature:                                    | 2-()                                                                                                   | 92                                         |                         | Date of        | Signature:                         |                      |
|                                         |                                           | FO                                                                                                     | R DOC OFFICE USE                           | ONLY                    |                |                                    |                      |
| ٠                                       | OCGS MUST                                 | PROVIDE A COPY OF                                                                                      | THIS FORM TO THE                           | E INMATE AS A REC       | ORD OF I       | RECEIPT.                           |                      |
|                                         | THIS FORM IS I                            | NVALID UNLESS SIGNED                                                                                   | BY THE INMATE AND                          | GRIEVANCE COORDI        | NATOR          |                                    |                      |
| IME STAMP                               |                                           | Grievance Reference                                                                                    | #                                          | C                       | ategory:       |                                    |                      |
|                                         |                                           | Office of Constituent                                                                                  | and Grievances Se                          | vices Coordinator/C     | fficer Sig     | nature:                            |                      |

Case 1:23-cv-01145-LGS Document 7 Filed 03/23/23 Page 94 of 225



Form.: 7102R Eff.: 8/23/19 Ref.: Dir. 3376R-A



#### DISPOSITION FORM

|                                                                                                                                                                                                                                                                                                                                                                                                                                  | DISPO                                                                                                              | SITION FO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | LZ IAI       |                        |                                   |              |              |  |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|------------------------|-----------------------------------|--------------|--------------|--|--|
| Grievance Re                                                                                                                                                                                                                                                                                                                                                                                                                     | ference #:                                                                                                         | Date Fil                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | ed:          |                        | Facil                             | ity:         | (4A)         |  |  |
| 404322 May 4                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 2021         |                        | GR                                | /C - 15A     |              |  |  |
| Inmate Name                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                    | Book and Ca                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | se#:         |                        |                                   | Category     |              |  |  |
| Reyes, DaC                                                                                                                                                                                                                                                                                                                                                                                                                       | luan                                                                                                               | 441-18-04                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 847          | NYSID 11638139         | -                                 | Medica       |              |  |  |
| From OCGS I                                                                                                                                                                                                                                                                                                                                                                                                                      | nmate Statement Form, print or ty                                                                                  | pe short desc                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | ription      | of grievance:          |                                   |              |              |  |  |
| "I have not received my medication in over 13 days. I have not been able to sleep or eat."                                                                                                                                                                                                                                                                                                                                       |                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |              |                        |                                   |              |              |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |              |                        |                                   |              |              |  |  |
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|                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |              |                        |                                   |              |              |  |  |
| Action Reques                                                                                                                                                                                                                                                                                                                                                                                                                    | sted by Inmate:                                                                                                    | -                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |              |                        |                                   |              |              |  |  |
| T would like                                                                                                                                                                                                                                                                                                                                                                                                                     | this to be sent to the Dep and the                                                                                 | ha Warden e                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <i>£C</i> PT | Cand I would like a    | voice h                           | ack for m    | malf#        |  |  |
| I WOULD HAT I                                                                                                                                                                                                                                                                                                                                                                                                                    | ms to be sem to me Dep and u                                                                                       | ic vvaluen e                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | u CIIV       | C and I Would like Co  | pies v                            | ACK IOI III) | <u>SCII.</u> |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |              |                        | ,                                 |              |              |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                  | STE                                                                                                                | EP 1: FORMA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | L RES        | OLUTION                | Section 25 Administration of      |              |              |  |  |
| Check one b                                                                                                                                                                                                                                                                                                                                                                                                                      | oox:  ☐ Grievance ☐ Submis                                                                                         | sion is not su                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | bjected      | to the Grievance Proce | 955                               |              |              |  |  |
| Alternatively, OC                                                                                                                                                                                                                                                                                                                                                                                                                | Constituent and Grievance Services<br>GS staff shall provide an explanati<br>ubject to the Grievance Process canno | on for why the                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | e submi      |                        |                                   |              |              |  |  |
| OCGS inform                                                                                                                                                                                                                                                                                                                                                                                                                      | ned Mr. Reyes, Daquan that; as                                                                                     | per NYCH                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | &H Co        | orrectional Health Sei | vices ti                          | his matter   |              |  |  |
| has been form                                                                                                                                                                                                                                                                                                                                                                                                                    | varded to Patient Relations for                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |              |                        |                                   |              |              |  |  |
| forwarded to I                                                                                                                                                                                                                                                                                                                                                                                                                   | he GRVC Medical Team.                                                                                              | ž,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |              |                        |                                   |              |              |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |              |                        | and another property and a second |              |              |  |  |
| CHECK THE APPROPRIATE BOX BELOW AND PROVIDE YOUR SIGNATURE (Failure to sign forms will forgo your right to appeal the proposed resolution.)                                                                                                                                                                                                                                                                                      |                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |              |                        |                                   |              |              |  |  |
| ☐ Yes, I accept the resolution ☐ No ☐ I request to appeal the resolution of this grievance to the Commanding officer.                                                                                                                                                                                                                                                                                                            |                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |              |                        |                                   |              |              |  |  |
| Note: If you appeal, the grievance staff can request for a preliminary based review if they feel the complaint was thoroughly investigated and addressed, prior to forwarding to the Commanding Officer. You will receive the outcome of this review within (3) business days to inform you the appeal will proceed or you exhausted administrative remedies. Grievance not subject to the Grievance Process cannot be appealed. |                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |              |                        |                                   |              |              |  |  |
| Inmate's Signa                                                                                                                                                                                                                                                                                                                                                                                                                   | ture:                                                                                                              | and the same of th |              | Date: 6-4-2            |                                   |              |              |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                    | Pretiminary                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Review       | Requested              |                                   |              |              |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                  | rdinator/Officer Signature:                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Date:        |                        |                                   |              |              |  |  |
| Me                                                                                                                                                                                                                                                                                                                                                                                                                               | Nelson                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |              | May 10, 2021           |                                   |              |              |  |  |

AI (ALTMEN) + D.

| (82)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | CITY OF I                                      | <b>VEW YOR</b>  | K - Def                                                                                                         | PARTME       | ent of co                            | RREC     | MOITS                         |                      |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|-----------------|-----------------------------------------------------------------------------------------------------------------|--------------|--------------------------------------|----------|-------------------------------|----------------------|--|
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | OFFICE OF CO                                   |                 | STATEM                                                                                                          | ENT FORM     |                                      |          | 7101R<br>25/20<br>Ir. 3376R-A |                      |  |
| Inmate's Na                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                | IN Reye         | 5 Book i                                                                                                        | L Case & U   | 411-804-80                           | 17       | ivsid#.<br>1/638/3            | 391                  |  |
| Facility:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | TRVC                                           | Housin          | g Area:                                                                                                         | 3 A          | Date of Incident                     | ;        | Date Submit<br>4-29           |                      |  |
| All grievances must be submitted within ten business days after the incident occurred, unless it's a sexual abuse or barassment allegation. The inmate filing the grievance must personally prepare this statement. Upon collection by the Office of Constituent and Grievance Services (OCGS) staff, OCGS staff will time stamp and issue it a grievance reference number. OCGS staff shall provide the inmate with a copy of this form as a record of receipt.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                |                 |                                                                                                                 |              |                                      |          |                               |                      |  |
| Grievance:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | My prop                                        | verty B         | <u> 195</u>                                                                                                     | 井'5          | 17512                                |          | 8                             |                      |  |
| Walle Committee | · · · · ·                                      |                 | MOTO CANADA C | /            | 18166                                | 759      | 20                            |                      |  |
| A17                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 12790                                          |                 |                                                                                                                 | - $I$        | 418313                               | 350      | 120                           |                      |  |
| B/7                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 551831                                         | 8               |                                                                                                                 |              | 11831                                | Ť16      | 2                             | - ع                  |  |
| Are                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | ٠                                              | ssing           | 7                                                                                                               | Neer         | my                                   | pro      | perty                         |                      |  |
| ASA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | PII                                            | MIII AB         | e or                                                                                                            | 1 tro        | ail v                                | ere      | <u> 4 800</u>                 | No                   |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                |                 |                                                                                                                 |              |                                      | 200      |                               | umed                 |  |
| OVA O                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | ested by Inmate:_<br>OR Fotu                   |                 |                                                                                                                 | would        | bags To                              | epys     | - 1                           | irs                  |  |
| Please read                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | below and check t                              | he correct box: |                                                                                                                 |              |                                      | ,        |                               | 4000 4               |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | to have your statem                            | •               |                                                                                                                 | OCGS staff?  | Yes II N                             | ٥        | ·                             | naxcoloeseáthroiseas |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | the OCGS staff to wri<br>d this grievance with |                 |                                                                                                                 |              | Yes N                                |          | / .                           | decendentibiography  |  |
| Did you require the assistance of an interpreter?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                |                 |                                                                                                                 |              |                                      |          |                               |                      |  |
| inmațe's Sig                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | nature:                                        | h               | -                                                                                                               | )            |                                      | Date of  | Signature:<br>4-28            | -21                  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | . (                                            |                 |                                                                                                                 | office use ( |                                      |          |                               | 9:-10:-24:CCC        |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | :1 d S- X# 1                                   |                 |                                                                                                                 | •            | inmate as à rec<br>irievance coordii |          | ecept.                        | SOCIO                |  |
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ATTACHMENT-B-1

# CITY OF NEW YORK - DEPARTMENT OF CORRECTION OFFICE OF CONSTITUENT AND GRIEVANCE SERVICES Form.: 7101R-A Eff.:9/14/18 INMATE STATEMENT FORM Ref.: Dir. 3376R-A Inmate's Name: Book & Case #: NYSID #: Date Submitted: Housing Area: Date of incident: Facility: 11-16-27 All grievances must be submitted within ten business days after the incident occurred, unless it's a sexual abuse or harassment allegation. The inmate filing the grievance must personally prepare this statement. Upon collection by the Office of Constituent and Grievance Services (OCGS) staff, OCGS staff will time-stamp and issue it a grievance reference number. OCGS staff shall provide the inmate with a copy of this form as a record of receipt. Grievance: syom Action Requested by Inmate: Please read below and check the correct box: Do you agree to have your statement edited for clarification by OCGS staff? Do you need the OCGS staff to write the grievance for you? Have you filed this grievance with a court or other agency? Did you require the assistance of an interpreter? Date of Signature: Inmate's Signature: OR DOC OFFICE USE ONLY OCGS MUST PROVIDE A COPY OF THIS FORM TO THE INMATE AS A RECORD OF RECEIPT. THIS FORM IS INVALID LINLESS SIGNED BY THE INMATE AND GRIEVANCE COORDINATOR Category: Grievance Reference # TIME STAMP Office of Constituent and Grievances Services/Coordinator/Officer Signature:

DEQUAN REYES B& C# 4411-804-847 G.R.V.C. 09-09 HAZEN STREET QUENS NEW YORK 11370

RE: BOOTH VISITATION APPEAL

NOV 18, 2020

NEW YORK CITY BOARD OF CORRECTION 2 LAFFAYETTE STREET NEW YORK NEW YORK 10007

#### DEAR BOARD OF CORRECTIONS:

I am writing this letter as an appeal to my grievance in regards to my visitation being in a booth and not in-person.

For some reason DOC in an whole is placing me inside of the Booth anytime that I have an outside visit from my family members and friends.

I have never recived a ticket nor any notification as to why I am placed in the booth visit and for what period of time before the restriction expeires.

I have grived this issue numerous times and have never heard back from the facility which is the reason why I am now writing your office as a grievance appeal on the matter.

I ask that your office, The Board of Correction investigate this matter, because I BELIEVE: that it is tied to retaliation from civil litigations against DOC officials and high ranking staff at the facility.

I look forward to hearing back from you in regards to this matter. Thank you for the time and assistnce  $\cdot$ 

Sincerely Submitted

Dequan Reyes:

#### 

On Dec 2, 2022 the plaintiff was transferred from GRVC facility to the WEST FACILITY jail on Rikers Island.

While at the West Facility jail the plaintif was unable to recive medical attention and sick-call in an adquite manner.

Many of the officers at West Facility fail to wear their sheild and tag with theri name on it leavingthe plaintiff unable to name each correction officer that a prequested sick call and medical attention from. The plaintiff dom remember the name of Defendant CO FARRINAS who has 18 years on job that he requested medical from and was told that due to his violent ways and pass history that he "OFFICER FARRINAS" was not doing anything to assist the plaintiff was reciving medical care.

As a result of this conduct that was taking place in the West Facility Sprung six the plaintiff lodged two grievancesxknk that can bee seen thering as EXHIBIT-12 & EXHIBIT - 13.

The plaintiff while at west facility was denied the right to file grievances by various SRT officers and Capatins and as an whole sprung six at the west facility was not in accordance with defendantss CITY by way of DOC polcies pursuant to Greivance Directive 3376R-A. These can be further explained below.

- (a) Sprung six did not have a greivance box where the plaintiff could drop his greiavace inside of as stated in directive 3376R-A.
- (b) SRT and ESU took control of sprung six while plaintff was there and stop all civialian and west facility correctional staff fom entering housing unit which included greivance oficer CO KELLY, (sprung six housing unit logbook will support this)

As soon as the plaintiff was transferred back to GRVC on JAN 16, 2023 he filed a greiavnce memorlizing that fact that he was denied the right to file a grievance whoile at the West Facility Jail, see EXHIBIT- herein.

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Another form of support that the plaintiff FIRST AMENDMENT RIGHT to peition and file complaints were violated by the defendants named herein this complaint if that numeorus other inmates filed a federal complaint with this court stating the exact same violation with (in) their complaint the (names) of these inmates that the plaintiff knows is as followed below:

- ALEXANDER WILLIAMS JR B&C # 1411801632
- KWAINE THOMPSON B&C # 3491901450
- RICKY TORRES B&C #'S UNKNOWN(AT THE TIME OF FILING THIS COMPLAINT.)

Plaintiff did get the opportunity to contact 311 on or about Jan 13, 14, 15, 16, 17, & 18, (20) in regaards to these issues and was given the following complaint numbers to ensure that Exhusation is completed: EC-0056X7357 (EC-00567357)

EC-00567235

EC-00567387

While at the west facility the plaintiff began to suffer depression and anxiety and asked for mental health services which was denied. The plaintiff began to have issues eating and asked for supplements in thge matter, see EXHIBIT-/5 herein.

### ATTACHMENT-B-1

|                                                                                             | CITY OF NEW YORK - DEPARTMENT OF CORRECTION |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            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| Do you need the OCGS staff to write the grievance for you?  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|                                                                                             | THIS FORM IS INV                            | /alid unless signed by                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     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| IME STAMP                                                                                   |                                             | Grievance Reference#                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       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| î (77                                                                                       |                                             | Office of Constituent and                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  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# Correctional Health Services

## PATIENT'S BILL OF RIGHTS

As a patient, you have many rights no matter your: *Age, Color, Race, Sex, Religion, National Origin, Sexual Orientation, Disability, Criminal Charges, Marital Status, or Citizenship Status.* You have the right to:

- 1. Get care for health, mental health, and substance use conditions.
- 2. Know the services available at the clinic and the names of the people providing your care.
- Get information about your health, mental health and substance use concerns from your health care provider. The information should be given in a way you can understand.
- 4. Get reproductive and sexual health services.
- Get information you need to before you consent to any procedure or treatment. The
  information you get should include: what will be done, why, what the risks will be, and if
  there are other kinds of treatment.
- 6. Refuse assessment and/or treatment and be told what effect this may have on your health. However, if you refuse the entire intake history and physical exam for most communicable diseases you will be put in medical isolation to make sure that others don't get sick. Medical isolation is NOT punitive segregation.
- 7. Refuse to take part in any research. If you refuse to participate in research, treatment you would normally receive in the clinic will not be affected.
- 8. Privacy while in the clinic to the extent possible and confidentiality of your medical information except as authorized by law.
- 9. Request a copy of your medical records following your release by calling Correctional Health Services at 347-774-7000.



Case 1:23-cv-01145-LGS Document 7 Filed 03/23/23 Page 105 of 3/25-06-957/2



## CORRECTION DEPARTMENT CITY OF NEW YORK

**ATTACHMENT** 

REPORT AND NOTICE OF INFRACTION

Rev.: 08/04/15 Ref. : Dir. #6500R-C

Form: 6500A

|                                   | *** Stitution: GRVC     | Date of 109/2      | 2/21                | Time Infraction Written: |      | Date of O | 9/24/21    |      |
|-----------------------------------|-------------------------|--------------------|---------------------|--------------------------|------|-----------|------------|------|
| Inmate Name (Last, First): Re     | yes, Daquan             |                    | B&C/<br>Sentence #: | 441-18-04                | 877  | NYSID#.   | 3813       | RL.  |
| Location of Incident (Be Specific |                         |                    | Hou:<br>Loca        | sing Area 15 Δ           | 145  | Approxima | te Time of | Hrs. |
| Charge #                          |                         | Offense            | Charge #            |                          | Cey  |           | Offense    |      |
| 120.10                            | Refusal D               | irect Order        | 109.                | 10                       | DISK | 2000      | t force    | dey  |
| 110.10                            | Disrupting ins          | itutional programs |                     |                          |      |           |            | 00   |
| 108.10                            | Disorderl               | y Conduct          |                     |                          | ·    | 1         |            |      |
| Reporting Official (Print Name,   | Rank and Shield #): Cam | pbell #14840       | Reporting           | official (Signature)     |      |           |            | . •  |

Details of Incident (Include details as to How, When and Where Infraction was Committed hus

On Wednesday September 22, 2021 at approximately (1, CO Campbell #14840 was assigned to 15A 'B' Post on the 0500x1331hour tour was in the process of escorting inmate Reyes Daguan B&C #441-18-04877 from barber shop back to his assigned cell#45. Said inmate refused to step into his assigned cell and began pulling away breaking this writers escort holds. This writer then gave said inmate a direct order to stop resisting the control hold. Inmate refused to comply. Adw Henry utilized IPC skills to gain compliance resulting in said inmate to be secured in his cell without further incident. Inmate Reyes actions interrupted the instituional programs which caused the services to be delayed and cancel.

| Inmate's I |
|------------|
| Escilitur  |

| JOERE CHOM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
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| VAV 111 17-7                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
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| V. Voyer C.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
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CITY OF NEW YORK - DEPARTMENT OF CORRECTION Form.: 7101R-A OFFICE OF CONSTITUENT AND GRIEVANCE SERVICES Eff.:9/14/18 INMATE STATEMENT FORM Ref.: Dir. 3376R-A Book & Case #: NYSID #: Name: **Date Submitted:** Housing Area: Jan-25-1)3 All grievances must be submitted within ten business days after the incident occurred, unless it's a sexual abuse or harassment allegation. The inmate filing the grievance must personally prepare this statement. Upon collection by the Office of Constituent and Grievance Services (OCGS) staff, OCGS staff will time-stamp and issue it a grievance reference number. OCGS staff shall provide the inmate with a copy of this form as a record of receipt. Grievance: Action Requested by Inmate: Please read below and check the correct box: Do you agree to have your statement edited for clarification by OCGS staff? Do you need the OCGS staff to write the grievance for you? Have you filed this grievance with a court or other agency? Did you require the assistance of an interpreter? Yes T Date of Signature: Inmate's Signaturé: FOR DOC OFFICE USE ONLY OCGS MUST PROVIDE A COPY OF THIS FORM TO THE INMATE AS A RECORD OF RECEIPT. THIS FORM IS INVALID UNLESS SIGNED BY THE INMATE AND GRIEVANCE COORDINATOR Category: Grievance Reference # TIME STAMP Office of Constituent and Grievances Services Coordinator/Officer Signature:

Dwayne C. Sampson, Chair Robert L. Cohen, M.D. Felipe Franco Jacqueline Miriam Pitts Joseph Ramos Jacqueline Sherman

Amanda Masters Executive Director



BOARD OF CORRECTION CITY OF NEW YORK

2 LAFAYETTE STREET, SUITE 1221 NEW YORK, NY 10007 212 669-7900 (Office)

January 17, 2023

Dequan Reyes, 441-18-04847

West Facility 16-06 Hazen Street East Elmhurst, NY 11370

Dear Dequan Reyes,

The Board of Correction has concluded its review of your appeal of the non-contact (or booth) visit restriction imposed on you on October 9, 2020, for the duration of your current incarceration.

Based on a careful review of the documents provided by you and the Department of Correction (DOC), the Board has decided to grant your appeal.

Sincerely,

Jasmine Georges-Yilla

Jasmine Georges-Gilla

General Counsel

Ref: 2023/0000

cc:

DOC Kristina Mazzio Tamara Fee Melissa Guillaume Margarite Williams Mark Pauley Wesley Bauman

Allie Robertson

|                           |                                       |                                                                       | DEPARTMENT OF COR                                                                                                                                 |                                                                                                                 | CORRECTION OF PARTMEN                        |
|---------------------------|---------------------------------------|-----------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|----------------------------------------------|
|                           | OFFICE OF CO                          | ONSTITUENT                                                            | AND GRIEVANCE SERVICES                                                                                                                            | Form.: 7102R<br>Eff.: 8/23/19                                                                                   |                                              |
|                           |                                       | DISPOSIT                                                              | ION FORM                                                                                                                                          | Ref.: Dir. 3376R-A                                                                                              |                                              |
| Grievance Re<br>624608    | ference #:                            |                                                                       | Date Filed:<br>01/31/2023                                                                                                                         | Facility:<br>GRVC - 1A                                                                                          |                                              |
| Inmate Name:<br>Reyes, Da |                                       | Book and<br>441180                                                    | l Case#:<br>)4847 <i>NYSID</i> # 11638139L                                                                                                        | Category: Staff Complai                                                                                         | nt.                                          |
| space.                    |                                       | notation percent with the 2 to 2 to a south publication of commonweal | et Stogwege Ald to te Special work has been by 19 C D Special work has been been by the been deep to be the been been been been been been been be | anishahing open salah | nem kirk ya saya masa makasi o da da gara sa |
| Action Reques             | sted by Inmate:                       |                                                                       |                                                                                                                                                   |                                                                                                                 |                                              |
| Actions to be re          | eprimanded and I war                  | nt two copies.                                                        |                                                                                                                                                   |                                                                                                                 |                                              |
|                           |                                       | STEP 1                                                                | : FORMAL RESOLUTION                                                                                                                               |                                                                                                                 |                                              |
| he Office Of C            | oox: Grievance Constituent and Grieva | ance Services pro                                                     | poses to formally resolve your grieva                                                                                                             | ance as follows below.                                                                                          | ·                                            |

The Office Of Constituent and Grievance Services proposes to formally resolve your grievance as follows below. Alternatively, OCGS staff shall provide an explanation for why the submission is not subject to the OCGS process. Grievances not subject to the Grievance Process cannot be appealed.

OCGS informed Reyes, Daquan that as per DOC Directive 3376R-A.II.5-6 "Staff Complaint" submissions do not fall under the purview of OCGS and that his complaints/concerns have been forwarded to the Warden's Office for investigation/resolution.

| CHECK THE APPROPRIATE BOX BELOW AND PROVIDE YOUR SIGNATURE                       | Ξ |
|----------------------------------------------------------------------------------|---|
| (Failure to sign forms will forgo your right to appeal the proposed resolution.) |   |

| ☐ Yes, I accept the resolution ☐ No ☐ request t | to appeal the resolution of this grievance to the Commanding οπicer                                                                                                                                   |
|-------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                                 | f they feel the complaint was thoroughly investigated and addressed, prior to forwarding to the<br>ess days to inform you the appeal will proceed or you exhausted administrative remedies. Grievance |
| Inmate's Signature:                             | Date: $2/2/23$                                                                                                                                                                                        |
| □ Preli                                         | imihary Review Requested                                                                                                                                                                              |
| Grievance Coordinator/Officer Signature:        | Date:                                                                                                                                                                                                 |
| Mr. Parrie                                      | 01/31/2023                                                                                                                                                                                            |

# Case 1:23-cy-01145-LGS Document 7 Filed 03/23/23 Page 111 of 225



|                           |                                                         | ATTACHMEN'                                 | Г - С                  |                               |           |  |  |  |
|---------------------------|---------------------------------------------------------|--------------------------------------------|------------------------|-------------------------------|-----------|--|--|--|
|                           | CITY OF NEW YORK - DEPARTMENT OF CORRECTION             |                                            |                        |                               |           |  |  |  |
|                           | OFFICE OF CONS                                          | TITUENT AND GRIEVA                         | NCE SERVICES           | Form.: 7102R<br>Eff.: 8/23/19 |           |  |  |  |
|                           | Í                                                       | ISPOSITION FORM                            |                        | Ref.: Dir. 3376R-A            |           |  |  |  |
| Grievance Re<br>624640    | ference #:                                              | Date Filed: 01/31/202                      | 3                      | Facility:<br>GRVC - 1A        |           |  |  |  |
| Inmate Name:<br>Reyes, Da |                                                         | Book and Case#:<br>4411804847 <b>NYSIL</b> | D# 11638139L           | Category:<br>Staff Complai    | int.      |  |  |  |
|                           | y visitation right after my<br>2. My visitor named Amyi |                                            |                        |                               | s in GRVC |  |  |  |
| Action Reques             | ted by Inmate:                                          |                                            |                        |                               |           |  |  |  |
| Officers to be r          | eprimanded and I want tw                                | o copies.                                  |                        |                               |           |  |  |  |
|                           |                                                         | STEP 1: FORMAL RE                          | SOLUTION               |                               |           |  |  |  |
| Check one b               | ox: Grievance                                           | Submission is not subject                  | ed to the Grievance Pr | ocess                         |           |  |  |  |

The Office Of Constituent and Grievance Services proposes to formally resolve your grievance as follows below. Alternatively, OCGS staff shall provide an explanation for why the submission is not subject to the OCGS process.

OCGS informed Reyes, Daquan that as per DOC Directive 3376R-A.II.5-6 "Staff Complaint" submissions do not fall under the purview of OCGS and that his complaints/concerns have been forwarded to the Warden's Office for investigation/resolution.

| CHECK THE APPROPRIATE BOX BELOW AND PROVIDE YOUR SIGNATURE                       |
|----------------------------------------------------------------------------------|
| (Failure to sign forms will forgo your right to appeal the proposed resolution.) |

|                                                     | ∐ No          | ☐I request to appeal the resolution of this grievance to the Commanding or                                     | fficer. |
|-----------------------------------------------------|---------------|----------------------------------------------------------------------------------------------------------------|---------|
| late: If you appeal the arisyance staff can request | for a prolimi | singly based with the fact the complaint was thoroughly investigated and addressed, prior to forwarding to the |         |

Commanding Officer. You will receive the outcome of this review within (3) business days to inform you the appeal will proceed or you exhausted administrative remedies. Grievance not subject to the Grievance Process cannot be appealed.

Inmate's Signature;

Date:

☐ Preliminary Review Requested

Grievance Coordinator/Officer Signature:

Date:

Mr. Parris

Grievances not subject to the Grievance Process cannot be appealed.

01/31/2023

exhibit-10

## ATTACHMENT - C



# CITY OF NEW YORK - DEPARTMENT OF CORRECTION

| 8  | -                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
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| 8  | CORRECTION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
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| Ħ. | 22 DARTIMENT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
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|    | TOTAL TO POST OF                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
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| 2  | CHE THOUSE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| 8  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| 3  | A73.5 FA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|    | Constraint T                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
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| 3  | 2000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
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|    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |

|                        | OFFICE OF CONSTITUENT A                                                                                                                                          | AND                       | GRIEVANCE SERVICES                                                                                          | Form.: 7102R                                  |                                     | a ribi                               |               |
|------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|-------------------------------------------------------------------------------------------------------------|-----------------------------------------------|-------------------------------------|--------------------------------------|---------------|
|                        | DISPOSITION FORM                                                                                                                                                 |                           |                                                                                                             |                                               | Eff.: 8/23/19<br>Ref.: Dir. 3376R-A |                                      |               |
|                        | DISFOSIT                                                                                                                                                         | The state of the state of |                                                                                                             | <u> </u>                                      |                                     |                                      |               |
| Grievance Re           | ference # 622715                                                                                                                                                 | Date                      | e Filed: 1/25/23                                                                                            |                                               | Fa                                  | cility: GR\                          | /C 1A         |
| Inmate Name:           | Reyes, DeQuan                                                                                                                                                    |                           | Book and Case:4411804847                                                                                    |                                               |                                     | Category:<br>Complain                |               |
|                        | nuary 21 @ approx 5pm. I would bage inside my cell because, the wa                                                                                               |                           | <u> </u>                                                                                                    |                                               |                                     | _                                    |               |
| Action Request         | ed by Inmate: Staff compliant.                                                                                                                                   |                           |                                                                                                             |                                               |                                     |                                      |               |
|                        | STEP 1                                                                                                                                                           | : FOF                     | RMAL RESOLUTION                                                                                             |                                               |                                     |                                      |               |
| Check one b            | ox: □ Grievance □ Submission                                                                                                                                     | is no                     | t subjected to the Grievance Proc                                                                           | ess                                           |                                     |                                      |               |
| Alternatively, OC      | nstituent and Grievance Services propose<br>GS staff shall provide an explanation for v<br>ustody has been notified his complair                                 | vhy th                    | e submission is not subject to the OC                                                                       | CGS p                                         | roce                                | SS.                                  |               |
|                        | CHECK THE APPROPRIATE BOX                                                                                                                                        | BELC                      | OW AND PROVIDE YOUR SIGN                                                                                    | ATUR                                          | RE                                  |                                      |               |
| _                      | (Failure to sign forms will forgo you                                                                                                                            | ur rigi                   | ht to appeal the proposed resolution                                                                        | on.)                                          |                                     |                                      |               |
| ☐ Yes, I acce          | pt the resolution \( \square\) No \( \square\) I request                                                                                                         | to ap                     | peal the resolution of this grievan                                                                         | ce to                                         | the (                               | Command                              | ing officer.  |
| ommanding Officer. You | rievance staff can request for a preliminary based review if<br>I will receive the outcome of this review within (3) business<br>ace Process cannot be appealed. | they fee<br>s days to     | el the complaint was thoroughly investigated and ad<br>o inform you the appeal will proceed or you exhauste | dressed,<br>ed admin                          | prior t<br>istrativ                 | o forwarding to<br>re remedies, Grid | the<br>∋vance |
| nmate's Signatu        | ure:                                                                                                                                                             |                           | Date: 1/25/23                                                                                               | , <u>, , , , , , , , , , , , , , , , , , </u> |                                     |                                      |               |
|                        | ☐ Pre                                                                                                                                                            | limina                    | ary Review Requested                                                                                        |                                               |                                     |                                      |               |
| ( ( )                  | dinator/Officer Signature:                                                                                                                                       |                           | Date: 1/25/23                                                                                               |                                               |                                     |                                      |               |

|--|

# CITY OF NEW YORK - DEPARTMENT OF CORRECTION



| OFFICE OF C                                                                                                                           |                                         | NT AND GR                        |                                     | SERVICES                          | [ Eπ.:9.     | .: 7101R-A<br>/14/18<br>Dir. 3376R-A |             |
|---------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|----------------------------------|-------------------------------------|-----------------------------------|--------------|--------------------------------------|-------------|
| Inmate's Name:                                                                                                                        | AN Reye                                 |                                  | Case #:                             | 111-804-80                        | 47           | NYSID #:                             |             |
| Facility:                                                                                                                             | WF Hous                                 | sing Area:<br>2A                 | AND GOOD                            | Date of Incide                    | nt:          | Date Submit                          | ted:<br>5th |
| All grievances must be submitt<br>harassment allegation. The inm<br>of Constituent and Grievance S<br>OCGS staff shall provide the in | nate filing the grie<br>Services (OCGS) | evance must pe<br>staff, OCGS st | ersonally prep<br>taff will time-si | are this statem<br>tamp and issue | ent. Upon    | collection by the                    |             |
| Grievance: I DeQu                                                                                                                     | eour Re                                 | eyes w                           | Das A                               | issulted                          | 8/           | HARAES                               | sed         |
| also Hweater                                                                                                                          | verd By                                 | OSI                              | J OF                                | Free                              | me           | Neal                                 | ON          |
| This Day                                                                                                                              | ! It                                    | was                              | asout                               | 7:pm                              | <u>Whe</u>   | · · ·                                |             |
| presents outs                                                                                                                         | stice of e                              | SPRONG 6                         | e in 1                              | Nest                              | Fac          | Mily.                                | W- W- W-    |
| · TEE COO Me Man                                                                                                                      | "I T:(                                  | 11 11                            | 0.4                                 | 00 01                             | Faci         | 1                                    |             |
| *Utficer NIC Ner                                                                                                                      | - A                                     | my the                           | stry AR                             |                                   | Each         | n time                               |             |
|                                                                                                                                       | 0                                       | D At                             | the 154<br>West t                   | S AND                             | off -        | THE BU                               | 7           |
|                                                                                                                                       |                                         |                                  |                                     |                                   |              |                                      |             |
| Action Requested by Inmate: I WOULD LIKE THIS FOOT ages to Be Held                                                                    |                                         |                                  |                                     |                                   |              |                                      |             |
| and would like copy's of This Grievance                                                                                               |                                         |                                  |                                     |                                   |              |                                      |             |
| Please read below and check the correct box:                                                                                          |                                         |                                  |                                     |                                   |              |                                      |             |
| Do you agree to have your statement edited for clarification by OCGS staff?                                                           |                                         |                                  |                                     |                                   |              |                                      |             |
| Do you need the OCGS staff to w                                                                                                       | rite the grievance                      | e for you?                       |                                     | Yes 🕡                             | No 📘         |                                      |             |
| Have you filed this grievance with                                                                                                    | h a court or other                      | agency?                          |                                     | Yes                               | No 🔲         |                                      |             |
| Did you require the assistance of an interpreter?                                                                                     |                                         |                                  |                                     |                                   |              |                                      |             |
| nmate's Signature:                                                                                                                    |                                         | 7/                               |                                     |                                   |              | Signature:                           | 022         |
| FOR DOC OFFICE USE ONLY                                                                                                               |                                         |                                  |                                     |                                   |              |                                      |             |
| OCGS MUST PROVIDE A COPY OF THIS FORM TO THE INMATE AS A RECORD OF RECEIPT.                                                           |                                         |                                  |                                     |                                   |              |                                      |             |
| THIS FORM IS INVALID UNLESS SIGNED BY THE INMATE AND GRIEVANCE COORDINATOR                                                            |                                         |                                  |                                     |                                   |              |                                      |             |
| IME STAMP                                                                                                                             | Grievance Refer                         | rence #                          |                                     |                                   | Category:    |                                      |             |
|                                                                                                                                       | Office of Consti                        | tuent and Griev                  | ances Service                       | s Coordinator/C                   | Officer Sign | nature:                              |             |



| PATIENT NAME: DAQUAN REYES | FACILITY: GRVC        |
|----------------------------|-----------------------|
| NYSID: 11638139L           | BOOKCASE#: 4411804847 |

# DEPARTMENT OF CORRECTION NOTIFICATION OF PATIENT'S ADA CONSIDERATIONS

## **Type of ADA Considerations:**

## Disabilities:

Assistive Device #1: Cane

**Device #1 Start Date:** 03/09/2023 **Device 1 End Date**:04/09/2023

Assistive Device #2:

Device #2 Start Date: Device #2 End Date:

Assistive Device #3:

Device #3 Start Date: Device #3 End Date:

#### **External Medical Devices:**

| iculcal Devices. |                                 |
|------------------|---------------------------------|
| If MO Housin     | g Required:                     |
| Facility Name    | Print                           |
| Dorm:            | Cell:                           |
| 7                | / <i>q</i> / 2 <i>3</i><br>Date |
|                  | If MO Housin                    |

Case 1:23-cv-01145-LGS | Document 7 | Filed 03/23/23 | Page 119 of 225

Please Complete Highlighten HAMMENT-B-1



# CITY OF NEW YORK - DEPARTMENT OF CORRECTION

| FFICE O | F CONSTITUENT | AND   | <b>GRIEV</b> | ANCE | SERVICES |
|---------|---------------|-------|--------------|------|----------|
|         | INMATES       | STATE | EMENT        | FORM |          |

Form.: 7101R-A Eff.:9/14/18 Ref.: Dir. 3376R-A



|                          |                                                                                     | INMATES                                  | TATEMENT FO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | RM                                        | Ref.: Di              | ir. 3376R-A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                     |
|--------------------------|-------------------------------------------------------------------------------------|------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|-----------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|
| Inmate's Na              | ime: DeWAN                                                                          | Reyes                                    | Book & Case #:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 4411-804-81                               | 47                    | VYSID #:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                     |
| Facility:                |                                                                                     | Housing                                  | Area: 1 A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Nov-16                                    |                       | Date Submitt                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | ed:                 |
| harassment of Constituer | es must be submitted allegation. The inmat and Grievance Sershall provide the inmat | e filing the grievar<br>vices (OCGS) sta | nce must personally ff, OCGS staff will tir                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | prepare this statem<br>ne-stamp and issue | ent. Upon d           | collection by th                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | e Office<br>number. |
| Grievance:               | Officery<br>Slides<br>Perty BAC                                                     | Ritter<br>Oilt<br>Kand                   | of my of A proper                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | ber 16<br>1e11 I<br>Ity Recie             | Stofe<br>Wan<br>pt al | e my<br>t my<br>so.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                     |
| <u> </u>                 | curry 0                                                                             | Ficea                                    | Ritter,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Preston                                   |                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                     |
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|                          | nested by Inmate:  JOY DEN al                                                       | Actions a                                | agents oft<br>Need                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | ny pro                                    | so tak                | Y fhis<br>Retu                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | erneD               |
| Please read              | below and check th                                                                  | e correct box:                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                           |                       | ***************************************                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                     |
| Do you agree             | to have your stateme                                                                | ent edited for clarif                    | ication by OCGS stat                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | ff? Yes                                   | No T                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                     |
|                          | the OCGS staff to write                                                             |                                          | _                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | /                                         |                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                     |
| -                        | d this grievance with a                                                             | •                                        | -                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Yes 💽                                     | No [                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                     |
|                          |                                                                                     |                                          | ency :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Yes [                                     | No 🕡                  | e <sup>4</sup>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                     |
| Did you requi            | re the assistance of a                                                              | 1 interpreter?                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Yes 🗔                                     | No 🚺                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                     |
| Inmate's Sig             | nature:                                                                             |                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                           | Date of               | Signature:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 23                  |
|                          |                                                                                     | P                                        | FOR DOC OFFICE US                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | SE ONLY                                   |                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                     |
|                          | OCGS MUST F                                                                         |                                          | OF THIS FORM TO T                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                           | ECORD OF F            | RECEIPT.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                     |
|                          | THIS FORM IS IN                                                                     | /ALID UNLESS SIGN                        | ·<br>VED BY THE INMATE AI                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | ND GRIEVANCE COOF                         | RDINATOR              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                     |
| TIME STAMP               | 10                                                                                  | Grievance Referen                        | ice#                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                           | Category:             | 1 -                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 7                   |
|                          | 73.                                                                                 | 62599                                    | 5                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                           | Prop2                 | aty Cl                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 00                  |
|                          |                                                                                     | Office of Constitu                       | ent and Grievances S                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Services Coordinato                       |                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                     |
|                          |                                                                                     | ect                                      | - Common of the |                                           |                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                     |

# NYC HEALTH + HOSPITALS

| PATIENT I | NAME: DAQUAN REYES | FACILITY: GRVC        |  |
|-----------|--------------------|-----------------------|--|
| NYSID:    | 11638139L          | BOOKCASE#: 4411804847 |  |

### DEPARTMENT OF CORRECTION COPY

# RECEIPT OF NOTIFICATION OF PATIENT NEED FOR SECURITY CONSIDERATIONS

# Type of Restraint Modifications required:

Front cuff only, Allow access to self administered medication, No chemical agents, No stun shield

# Type of Magnetometer Alert:

|                                                                               |     | If MO Hou | sing Requir | <u>·ed</u> : |
|-------------------------------------------------------------------------------|-----|-----------|-------------|--------------|
| Signature                                                                     | í   | . 1       |             |              |
| Ordering Provider: Achille Antoine PA                                         |     | Facility  |             | Print        |
| Name/Date/Time: February 14, 2023 11:17 AM<br>Printed By: Blackmore PA, Larry |     | Dorm:     | Cell:       |              |
|                                                                               | :   |           |             |              |
| DOC Signature/Shield Number                                                   | · · |           | Date        | i            |
| Doo Signature, Sinota I (dillot)                                              |     |           |             |              |

# ATTACHMENT - C



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                                               | .∏Y OF NEW                                                                                                                | YORK - DEP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  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                                               | OFFICE OF CONS                                                                                                            | TITUENT AND G                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | RIEVANCE SEI                                              | RVICES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           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# CITY OF NEW YORK - DEPARTMENT OF CORRECTION

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| Inmate's Name: DeQUAN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Reyes Book & Case #: 441-801                                                                                                                                                                                               | 1-847 NYSID#:                           |  |  |  |  |
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| harassment allegation. The inma of Constituent and Grievance Se                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | d within ten business days after the incident occurred, ate filing the grievance must personally prepare this stervices (OCGS) staff, OCGS staff will time-stamp and nate with a copy of this form as a record of receipt. | tatement. Upon collection by the Office |  |  |  |  |
| after Asking approx 10: P                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | for medical ON                                                                                                                                                                                                             | Deputy Henry FEBUARY 12  Re the Vineo   |  |  |  |  |
| To Be<br>Jintecks an<br>Footages:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | of the Floor Officers<br>(Full)                                                                                                                                                                                            | the Housing area<br>Boby Carnia         |  |  |  |  |
| The second secon | Look Officers Body Campas Full                                                                                                                                                                                             | np or Suspensen ? I                     |  |  |  |  |
| Please read below and check to  Do you agree to have your statem  Do you need the OCGS staff to write                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | ent edited for clarification by OCGS staff? Yes                                                                                                                                                                            | No 🗆                                    |  |  |  |  |
| Have you filed this grievance with  Did you require the assistance of                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | a court or other agency?                                                                                                                                                                                                   | No No                                   |  |  |  |  |
| Inmate's Signature:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                            | Date of Signature:  2 12 - 23           |  |  |  |  |
| OCGS MUST PROVIDE A COPY OF THIS FORM TO THE INMATE AS A RECORD OF RECEIPT.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                            |                                         |  |  |  |  |
| THIS FORM IS IT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Grievance Reference #                                                                                                                                                                                                      | Category:                               |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Office of Constituent and Grievances Services Coord                                                                                                                                                                        | <br> inator/Officer Signature:          |  |  |  |  |

EC-005-83830

EC-005-84270

EC-005-84269

EC-005-84268

Case 1:23-cv-01145-LGS Document 7 Filed 03/23/23 Page 128 of 225

Please Complete Highlight ATTASHMENT-B-1

CITY OF NEW YORK - DEPARTMENT OF CORRECTION

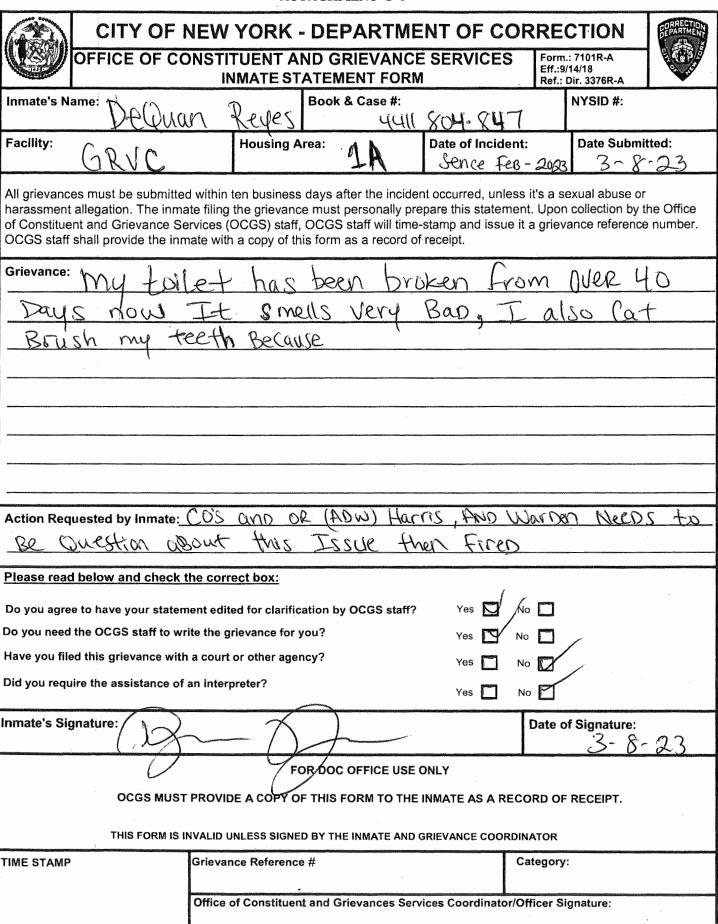
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| FFICE OF CONSTITUENT AND GRIEVANCE SERVICES |  |
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| INTERACTOR ATTENDED                         |  |



|                               | OFFICE OF CON                                    | Form.: 7101R-A<br>Eff.:9/14/18<br>Ref.: Dir. 3376R-A                                                                                                              |                                                 |                       |                 |
|-------------------------------|--------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|-----------------------|-----------------|
| Inmate's Na                   | me: DeQue                                        | in Rey Gook & Case #:                                                                                                                                             | 1804847                                         | NYSID #:              |                 |
| Facility:                     | GRVC                                             | Housing Area:                                                                                                                                                     | Date of Incident:                               |                       | itted:<br>3 -23 |
| harassment a<br>of Constituen | allegation. The inmate<br>at and Grievance Servi | rithin ten business days after the inci<br>filing the grievance must personally<br>ces (OCGS) staff, OCGS staff will ting<br>with a copy of this form as a record | prepare this statement<br>ne-stamp and issue it | t. Upon collection by | the Office      |
| Grievance:  1-25  Wown        | I Nee<br>Been to Se                              | o medical or<br>furtines vero<br>e medical                                                                                                                        | ttention<br>y much                              | my BE<br>Lattey       | DCK<br>II       |
| My                            | Meght 1                                          | Rist also Is                                                                                                                                                      | Hurting                                         | BADley!               |                 |
| Action Requ                   | ested by Inmate:                                 | I ARRD to See                                                                                                                                                     | medical !                                       |                       |                 |
|                               |                                                  |                                                                                                                                                                   |                                                 |                       |                 |
| Please read                   | below and check the                              | correct box:                                                                                                                                                      | /                                               |                       |                 |
| Do you agree                  | to have your statemen                            | t edited for clarification by OCGS sta                                                                                                                            | ff? Yes 🗖 No                                    |                       |                 |
| Do you need t                 | he OCGS staff to write                           | the grievance for you?                                                                                                                                            | Yes 🗖 No                                        |                       |                 |
| Have you filed                | this grievance with a                            | court or other agency?                                                                                                                                            | Yes No                                          |                       |                 |
| Did you requi                 | re the assistance of an                          | interpreter?                                                                                                                                                      | Yes No                                          |                       |                 |
| Inmate's Sigr                 | nature:                                          |                                                                                                                                                                   |                                                 | Date of Signature:    | 23              |
|                               | OCGS MUST PR                                     | FOR DOC OFFICE US                                                                                                                                                 |                                                 | ORD OF RECEIPT.       |                 |
|                               | THIS FORM IS INV                                 | ALID UNLESS SIGNED BY THE INMATE A                                                                                                                                | ND GRIEVANCE COORDIN                            | IATOR                 |                 |
| TIME STAMP                    | Gı                                               | rievance Reference #                                                                                                                                              | Ca                                              | ategory:              |                 |
|                               | 0                                                | ffice of Constituent and Grievances S                                                                                                                             | I<br>Services Coordinator/O                     | fficer Signature:     |                 |

#### ATTACHMENT -B-1



## ATTACHMENT - C



# **CITY OF NEW YORK - DEPARTMENT OF CORRECTION**



| · 養養   (明38年)/(成/) 勝克                           |                                                                                                                               |                  |                             |                              |          |                               | <b>公顺</b>     |
|-------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|------------------|-----------------------------|------------------------------|----------|-------------------------------|---------------|
|                                                 | OFFICE OF CONSTITUENT AND GRIEVANCE SERVICES                                                                                  |                  |                             |                              |          | Form.: 7102R<br>Eff.: 8/23/19 | II. Altr      |
|                                                 | D                                                                                                                             | ISPOSIT          | ION FORM                    |                              |          | Ref.: Dir. 3376R-A            | -             |
| Grievance Ref                                   | erence #:                                                                                                                     |                  | Date Filed:                 |                              |          | Facility:                     |               |
| 636015                                          |                                                                                                                               |                  | 03/07/2023                  |                              |          | GRVC - 1A                     |               |
| Inmate Name:                                    |                                                                                                                               | Book and         | Case#:                      |                              |          | Category:                     |               |
| Reyes, Daq                                      | uan                                                                                                                           | 441180           | 4847 <b>NYSID</b> :         | # 11638139L                  |          | Staff Complain                | nt            |
| From OCGS Ir                                    | nmate Statement Form, prin                                                                                                    | nt or type s     | hort description            | of grievance:                |          |                               |               |
|                                                 | March 1st, 2023, CO Bros v<br>t on my portion of food! All                                                                    |                  |                             |                              | l inma   | ate's hot dog. I did          | not ask for,  |
| Action Reques                                   | eted by Inmate:                                                                                                               |                  |                             |                              |          |                               |               |
| 2 Copy and for                                  | Officer to get C.D for such                                                                                                   | actions.         |                             |                              |          |                               |               |
|                                                 |                                                                                                                               | STEP 1           | : FORMAL RES                | OLUTION                      |          |                               |               |
| Check one b                                     | oox: Grievance                                                                                                                | Submission       | is not subjected            | to the Grievance             | Proce    | ess                           |               |
| Alternatively, OC                               | Constituent and Grievance S<br>CGS staff shall provide an exubject to the Grievance Proces                                    | xplanation for   | or why the subm             |                              |          |                               |               |
| do not fall unde                                | I Mr. Reyes, Daquan that a<br>r the purview of OCGS and<br>tigation/resolution.                                               |                  |                             |                              |          |                               |               |
|                                                 |                                                                                                                               |                  |                             |                              |          |                               |               |
|                                                 |                                                                                                                               |                  |                             |                              |          |                               |               |
|                                                 |                                                                                                                               |                  |                             |                              |          |                               |               |
|                                                 | CHECK THE APPROPR<br>(Failure to sign forms w                                                                                 |                  |                             |                              |          |                               |               |
| ☐ Yes, I acce                                   | ept the resolution \( \square\) No                                                                                            |                  | _ ,,                        |                              |          | -                             | ding officer. |
| Note: If you appeal, the<br>Commanding Officer. | grievance staff can request for a prelimin<br>You will receive the outcome of this revie<br>rance Process cannot be appealed. | ary based review | v if they feel the complain | t was thoroughly investigate | ed and a | dressed, prior to forwarding  | to the        |
| Inmate's Signa                                  | ture:                                                                                                                         | (//              | 14                          | Date: 3 ~                    | 8        | -23                           | MW            |
|                                                 |                                                                                                                               | ☐ Pre            | eliminary Reviev            | v Requested                  |          |                               |               |
| Grievance Coo                                   | rdinator/Officer Signature:                                                                                                   | / /              | Date:                       | •                            |          |                               |               |
|                                                 | Mr. Parrie                                                                                                                    |                  | (                           | 3/07/2023                    |          |                               |               |

ATTACHMENT-B-1

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|                          | CITY OF   | · NEW Y                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | ORK - I | DEPARTI   | MENIC   | UF CU  |
|--------------------------|-----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|-----------|---------|--------|
|                          | OFFICE OF | CONSTIT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | UENT AN | D GRIEVAN | ICE SER | IVICES |
|                          |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |         | TEMENT FO |         |        |
| District Colonia Colonia |           | A STATE OF THE PARTY OF THE PAR |         |           |         |        |

Form.: 7101R-A



|                                                                      | INMATE STATEMENT FO                                                                                                                                             | PRM Eff.:9/1                                                       | 4/18<br>ir. 3376R-A          |
|----------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|------------------------------|
| mate is Mame: DeQuan                                                 | Reyes Book & Case #                                                                                                                                             | 4411-804-847                                                       | nysid#:                      |
| GRVC GRVC                                                            | Housing Arous: 1A                                                                                                                                               | Date of Incident:<br>2022 - 2023                                   | Date Submitted: 2 - 2 4 - 23 |
| rassment allegation. The inmat<br>Constituent and Grievance Ser      | within ten business days after the ir<br>e filing the grievance must personal<br>vices (OCGS) staff, OC GS staff will<br>ate with a copy of this form as a reco | ly prepare this statement. Upon<br>time-stamp and issue it a griev | collection by the Office     |
| levance: Ive B                                                       | seen Getting r                                                                                                                                                  | ny televisits                                                      | Cancled                      |
| By Visit (                                                           | CO ADAMS For                                                                                                                                                    | duer 5 n                                                           | non-thes                     |
| NOW I NE                                                             | ed my Visits!                                                                                                                                                   | I Feel H                                                           | ARASSED                      |
| Ive Even                                                             | Called 311 !                                                                                                                                                    |                                                                    |                              |
|                                                                      |                                                                                                                                                                 |                                                                    |                              |
|                                                                      |                                                                                                                                                                 |                                                                    |                              |
|                                                                      |                                                                                                                                                                 |                                                                    |                              |
|                                                                      |                                                                                                                                                                 |                                                                    |                              |
| ction Requested by Inmate:                                           | I want warper                                                                                                                                                   | n Notified and                                                     | T want                       |
| OFFICER ADAMS                                                        |                                                                                                                                                                 |                                                                    | mes to My                    |
| Please read below and check                                          |                                                                                                                                                                 | rections will be                                                   | NothEven O.                  |
|                                                                      |                                                                                                                                                                 |                                                                    |                              |
|                                                                      | ment edited for clarification by OCGS                                                                                                                           | staff? Yes No                                                      |                              |
| Do you need the OCGS staff to w<br>Have you filed this grievance wit |                                                                                                                                                                 | Yes No 🖸                                                           |                              |
| Did you require the assistance o                                     |                                                                                                                                                                 | Yes No 📉                                                           |                              |
| and Ann rednite the essintance o                                     | or arr interpreter r                                                                                                                                            | Yes No No                                                          | r                            |
| inmaté's Signature                                                   | ) 7)h                                                                                                                                                           | Da                                                                 | e of Signature:<br>クークリー 23  |
|                                                                      | FOR DOC OFFI                                                                                                                                                    | CE USE ONLY                                                        |                              |
| OCGS MU                                                              | ST PROVIDE A COPY OF THUS FORM                                                                                                                                  | TO THE INMATE AS A RECORD                                          | OF RECEIPT.                  |
| THIS FORM I                                                          | s invalid unless signed by the inm                                                                                                                              | ATE AND GRIEVANCE COORDINAT(                                       | )R                           |
| TIME STAMP                                                           | Grievance Reference #                                                                                                                                           | Categ                                                              | jory;                        |
| Laboration of the second                                             | 633775                                                                                                                                                          | Us                                                                 | t CROG)                      |
|                                                                      | Office of Constituent and Grieva                                                                                                                                | nces Services Coordinator/Offic                                    | er Signature:                |

### ATTACHMENT - C



## CITY OF NEW YORK - DEPARTMENT OF CORRECTION



OFFICE OF CONSTITUENT AND GRIEVANCE SERVICES Form.: 7102R Eff.: 8/23/19 Ref.: Dir. 3376R-A DISPOSITION FORM Date Filed: Grievance Reference #: Facility: 02/28/2023 GRVC - 1A 633847 Book and Case#: Inmate Name: Category: Reves, Daguan Environmental 4411804847 NYSID# 11638139L From OCGS Inmate Statement Form, print or type short description of grievance: I need my sink fixed and toilet fixed. I'm in cell 3 also I need bleach because there's ants everywhere! I need to be able to clean my cell at least two times a week we have ants, roaches and mice. Also I need my toilet fixed as soon as possible. Staff has done two work orders on Feb 1st and Feb 17th of 2023. Action Requested by Inmate: need my sink fixed and toilet fixed and cleaning supplies. Please inform Warden and sanitation staff STEP 1: FORMAL RESOLUTION Check one box: Grievance ☐ Submission is not subjected to the Grievance Process The Office Of Constituent and Grievance Services proposes to formally resolve your grievance as follows below. Alternatively, OCGS staff shall provide an explanation for why the submission is not subject to the OCGS process. Grievances not subject to the Grievance Process cannot be appealed. As per DOC staff, a work order was put in placed on 02/17/2023 for maintenance to repair the PIC toilet and sink. As of 03/01/2023, there is no evidence that maintenance staff visited the PIC cell to repair the sink or toilet. OCGS concludes this matter to be substantiated. CHECK THE APPROPRIATE BOX BELOW AND PROVIDE YOUR SIGNATURE (Failure to sign forms will forgo your right to appeal the proposed resolution.) ☐ Yes, I accept the resolution ☐ No ☐ I request to appeal the resolution of this grievance to the Commanding officer. Note: If you appeal, the grievance staff can request for a preliminary based review if they feel the complaint was thoroughly investigated and addressed, prior to forwarding to the Commanding Officer. You will receive the outcome of this review within (3) business days to inform you the appeal will proceed or you exhausted administrative remedies. Grievance not subject to the Grievance Process cannot be appealed. Inmate's Signature: Date: ☐ Preliminary Review Requested Date: Grievance Coordinator/Officer Signature: Ms. Nelson 03/01/2023

#### **ATTACHMENT - C**



## CITY OF NEW YORK - DEPARTMENT OF CORRECTION

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| ı | CORRECTION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
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| B | 1000 20 to Chillip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
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| ı | CHARLE COMMAN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| ŝ | C.303: A.3740                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
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| Ì | V.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
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|   | •                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |

OFFICE OF CONSTITUENT AND GRIEVANCE SERVICES Form.: 7102R Eff.: 8/23/19 Ref.: Dir. 3376R-A **DISPOSITION FORM** Date filed: Facility: Grievance Reference #: February 16, 2023 GRVC - 1a 633824 Inmate Name: Book and Case#: Category: **Medical Staff** Reyes, Daquan 441-18-04847 NYSID 11368139L From OCGS Inmate Statement Form, print or type short description of grievance: Sick call doctor comes at a time that is before his tour starts and acting with DOC officials to not let Court Order inmates go to facility clinic area which is affecting ongoing medical and mental health care and treatment. Action Requested by Inmate: Provide medical in proper manner STEP 1: FORMAL RESOLUTION Check one box: Grievance Submission is not subjected to the Grievance Process The Office Of Constituent and Grievance Services proposes to formally resolve your grievance as follows below. Alternatively, OCGS staff shall provide an explanation for why the submission is not subject to the OCGS process. Grievances not subject to the Grievance Process cannot be appealed. OCGS informed Mr. Reyes, Daguan that medical staff complaints do not fall under the purview of OCGS and as per NYCH&H Correctional Health Services this matter has been forwarded to Patient Relations for review and handling. In addition, this matter has been forwarded to the GRVC Medical Team. CHECK THE APPROPRIATE BOX BELOW AND PROVIDE YOUR SIGNATURE (Failure to sign forms will forgo your right to appeal the proposed resolution.) ☐ Yes, I accept the resolution ☐ No ☐ request to appeal the resolution of this grievance to the Commanding officer. Note: If you appeal, the grievance staff can request for a preliminary based review if they feel the complaint was thoroughly investigated and addressed, prior to forwarding to the Commanding Officer. You will receive the outcome of this review within (3) business days to Inform you the appeal will proceed or you exhausted administrative remedies. Grievance not subject to the Grievance Process cannot be appealed. Inmate's Signature: Date:

> Ms. Nelson February 28, 2023

Grievance Coordinator/Officer Signature:

☐ Preliminary Review Requested

Date:

Case 1:23-cv-01145-LGS Document 7 Filed 03/23/23 Page 135 of 225



# CITY OF NEW YORK - DEPARTMENT OF CORRECTION

OFFICE OF CONSTITUENT AND GRIEVANCE SERVICES Form.: 7102R Eff.: 8/23/19 Ref.: Dir. 3376R-A DISPOSITION FORM Grievance Reference #: Date Filed: Facility: 01/31/2023 624656 GRVC - 1A Inmate Name: Book and Case#: Category: Reyes, Daquan Medical 4411804847NYSID# 11638139L From OCGS Inmate Statement Form, print or type short description of grievance: My right knee is hurting me very much. I also need for my cane expiration date to be updated asap. Action Requested by Inmate: Two copies and to notify medical bosses and staff. STEP 1: FORMAL RESOLUTION Check one box: Grievance ☐ Submission is not subjected to the Grievance Process The Office Of Constituent and Grievance Services proposes to formally resolve your grievance as follows below. Alternatively, OCGS staff shall provide an explanation for why the submission is not subject to the OCGS process. Grievances not subject to the Grievance Process cannot be appealed. OCGS informed Mr. Reyes, Daquan that; as per NYCH&H Correctional Health Services this matter has been forwarded to Patient Relations for review and handling. In addition, this matter has been forwarded to the GRVC Medical Team. CHECK THE APPROPRIATE BOX BELOW AND PROVIDE YOUR SIGNATURE (Failure to sign forms will forgo your right to appeal the proposed resolution.) ☐ Yes. I accept the resolution ☐ No ☐ I request to appeal the resolution of this grievance to the Commanding officer

|                                                                                                                                                                                                                                                              | and the recommendation of the great arise to the commentaring emech                                                                                                        |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Note: If you appeal, the grievance staff can request for a preliminary based review if they feel the Commanding Officer. You will receive the outcome of this review within (3) business days to in not subject to the Grievance Process cannot be appealed. | e complaint was thoroughly investigated and addressed, prior to forwarding to the<br>nform you the appeal will proceed or you exhausted administrative remedies. Grievance |
| Inmate's Signature:                                                                                                                                                                                                                                          | Date: 2-2-3                                                                                                                                                                |
| Preliminary                                                                                                                                                                                                                                                  | Review Requested                                                                                                                                                           |
| Grievance Coordinator/Officer Signature:                                                                                                                                                                                                                     | Date:                                                                                                                                                                      |
| Mr. Parris                                                                                                                                                                                                                                                   | 01/31/2023                                                                                                                                                                 |

311 CALLS...

FERUARY-12123 INCEDENT EC-005-80148 , EC-005-80157 WITH DEFFENDENT ADW HENRY

SEPTEMBER1 - THREW MARCH 1-2023 VISITATION CALLES ON DEFFENDENT ADAMS EC-005-85163, EC-005-85168

02/03/2023

New York City Department of Correction

IPTS0100

Inmate Property Query Receipt Screen

Inmate Name: REYES, DAQUAN

BAC: 4411804847

NYSID: 11638139L

Select a record from the list below - use up/down arrows to navigate

| Receipt #  | Receipt<br>Date | Disp. | Disposition<br>Date | Bag<br>Type | Property<br>Facility | Stor<br>Bin | age Loc<br>Shelf | ation<br>Slot |
|------------|-----------------|-------|---------------------|-------------|----------------------|-------------|------------------|---------------|
|            |                 |       |                     |             |                      |             |                  |               |
| 160606923  | 01/04/2023      | ACT   | 01/04/2023          | В           | WF                   | 006         | 7                | 1             |
| 175120718  | 01/07/2020      | RTI   | 01/14/2020          | В           | GRVC                 |             |                  |               |
| 175518218  | 07/20/2018      | ACT   | 07/20/2018          | v           | SAM                  |             |                  |               |
| 175518318  | 07/20/2018      | RPG   | 11/06/2019          | В           | GRVC                 |             |                  |               |
| 181667520  | 01/30/2020      | RPG   | 01/29/2021          | В           | GRVC                 |             |                  |               |
| A175518318 | 11/06/2019      | RPG   | 01/14/2020          | В           | GRVC                 |             |                  |               |
| A1772790   | 03/16/2020      | RTI   | 04/10/2020          | В           | GRVC                 |             |                  |               |
| A181667520 | 01/29/2021      | ACT   | 01/29/2021          | В           | GRVC                 | 018         | 3                | 1             |
| A1830893   | 12/21/2021      | RTI   | 12/20/2022          | В           | WF                   |             |                  |               |
| A183135920 | 10/14/2020      | RTI   | 11/06/2020          | В           | GRVC                 |             |                  |               |

<Help>=Help <Select>=Select Record <F18>=Receipt History <F11>=Exit

Property Receipts List (1)

02/03/2023

New York City Department of Correction Inmate Property Query Receipt Screen IPTS0100

Inmate Name: REYES, DAQUAN

BAC: 4411804847

NYSID: 11638139L

Select a record from the list below - use up/down arrows to navigate

| Receipt #                                                                                              | Receipt<br>Date                                                                                                            | Disp.                                         | Disposition<br>Date                                                                                          | Bag<br>Type                     | Property<br>Facility                 | Storage Location<br>Bin Shelf Slot |
|--------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|--------------------------------------------------------------------------------------------------------------|---------------------------------|--------------------------------------|------------------------------------|
| A183135920<br>A1831416<br>A1831826<br>A1831827<br>A183182722<br>A183188821<br>A184786521<br>B175518318 | 10/14/2020<br>01/05/2021<br>05/19/2021<br>05/03/2021<br>08/05/2022<br>06/25/2021<br>09/27/2021<br>01/14/2020<br>11/09/2020 | RTI<br>ACT<br>RTI<br>RPG<br>RTI<br>RTI<br>RTI | 11/06/2020<br>01/05/2021<br>09/02/2021<br>08/05/2022<br>12/20/2022<br>11/01/2021<br>12/20/2022<br>11/09/2020 | B<br>B<br>B<br>B<br>B<br>B<br>B | GRVC TRANS GRVC GRVC WF GRVC WF GRVC |                                    |
| C175518318<br>D175518318                                                                               | 01/29/2021                                                                                                                 | RPG<br>RTI                                    | 01/29/2021<br>12/20/2022                                                                                     | В                               | GRVC<br>WF                           |                                    |

<Help>=Help

<Select>=Select Record

<F18>=Receipt History

<F11>=Exit

Property Receipts List (2)

EXIBIT 30

| UNITED STATES DISTRICT COURT SOUTHERN DISTRICT OF NEW YORK                                                                   |                     |
|------------------------------------------------------------------------------------------------------------------------------|---------------------|
| DEQUAN REYES,                                                                                                                |                     |
| Plaintiff,                                                                                                                   | 23-CV-00541 (LTS)   |
| -against-                                                                                                                    | NOTICE OF DISMISSAL |
| CITY OF NEW YORK, ET AL.                                                                                                     |                     |
| DefendantsX                                                                                                                  |                     |
| PLEASE TAKE NOTICE that Plaintiff DEQUA<br>of the Federal Rules of Civil Procedure, hereby dismiss<br>Dated: 29-23, New York |                     |
| DEQUANTEYE Plaintiff                                                                                                         | ES                  |

BECAUSE IM SCARED FOR MY LIFE I AM RESPECTFULY SUBMITTING

THIS ...

On March 2nd 2023 while in the yard that is connected to hosuing unit 1a I witness CO McNiel engage in condcut against Dequan Reyes that was wrongful in nature.

CO Mcneil walked over to the gate of the rec cage that Dequan Reyes was inside of and began telling him that he hated his guts, wanted him dead and was going to do everything in his power now that he is O.S.I.U. to get Dequan Reyes in population where he could have him cut and stabbed by gang members.

I then over heard Dequan Reyes asking CO Mcniel to please stop that he never did anything to him and in response CO Mcneil stated that you sued some of my associates and you areg going to pay for that shit nigger.

It appeared to me that CO Mcneil for whatever reason had a history with Dequan Reyes and was going to use his authority to seek some kind of revenge or retribution for a lawsuit of litigation of some sort.

I am willing to be a witness in this matter. Mt Name is ALEXANDER WILLIAMS JR, B&C# 141-180-1632, NYSID 01897858  $\rlap/$ L.

RESPECTEULLY SAMITTED

ALEXANDER WILLIAMS JR

G.R.V.C.

09-09 HAZEN STREET

EAST ELMHURST NEW YORK 11370

EXIBIT 31

I was on the visit's In (GRVC) @ approx 1:00 pm When IN mate Reyes DeQuan 4411.804-847 Visit was ensed I got Down to the Visits Before him and Our Visits Ended at the Same time. I Don't think that was fare at all! GRVC IS A Fuck up place with Fucked up, Correctional officers!

Respectfully Submitted on 2-25-23

I

J. S. V. D. L.

At approximately 1357 I c.o. Paulino #13927 assisted captain burn #367 with a level B activation that he called for housing area 1A for Individual Reyes Daguan Bic 4411804847M. Said Individual exited the Law library cell I to go into his assingned cell#3 to use the rest room. Said Captain was Standing infinit of cell #3 while Individual Reyes was inside his cell getting undressed to us the rest room, said Individual told the captain to step back numerous time, said captain sqid no and pulled his O.C. out. Making Individual Reyes feel harrassed and making this writter alort like a use of force was about to happen.

I Also TOLD SAID captain to Step Back AWAY from the Cell, 2 Times And Capt Guan Said NO I Have to see!

1/2/25/2023 Paulino #13927



### NEW YORK CITY DEPARTMENT OF CORRECTION



### INVESTIGATION DIVISION

| INMATE VOLUNTARY STATEMENT FORM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Date: Q Q 7/Q3 Time Interview Started: 1007                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| Location of Interview (Facility/Area): 600 - A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| Inmate Name: Mes DeQuan                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| Inmate Book and Case Number: 4411-804-847                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| Inmate DOB: Inmate Cell/Bed Assignment: 3 Cell                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| I hereby acknowledge that I made the following statement to the New York City Department of Correction Investigation Division voluntarily and of my own free will without promise or hope of reward and that no one has threatened me in any way to provide this statement.  In accordance with Departmental Directive 5011 (Elimination of Sexual Abuse and Sexual Harassment), you will not be subject to any form of retaliation for providing information in connection with this investigation by the New York City Department of Correction. |
| I made this statement to Investigator Coraco, Shield #858, and Investigator Chanans, Shield # (000.  I Dequar Reyes would Like to Speak to IG ALSO About The SRT Seakch and Use of Force I got to to ON 2-23-23 @ approx 07:10 am And About How Capt Guar Sexually Harrassing Me Every Day Feb 15, 2023 - 1A - elgenstein September 12 pm (noon)                                                                                                                                                                                                   |
| Liftless   lage peri fulled out spray                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| CO Paulma - Work up Capt "                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| Dep. Stukes -> graicione up PIC & Ultipums (cienti)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| - also while in your "little ass" - uant am order                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| Inwestigator Witness:  Investigator Witness:  Date:  Date:  Date:  Time:  Time:  Time:                                                                                                                                                                                                                                                                                                                                                                                                                                                             |

EXIBIT 32

on said date herein plantiff states that apon 3-5-23, @ 8:00am plantiff was scedualed for a(telivist), but instead of calling i plantiff reyes dequan, diffendent capt LE flure which is a known diffendent threwout this case called for another inmate by the name of alexander williams to be on my visit (to attened) plantiffs visit, once alexander willams got to the visits he said that he could hear diffendent adams (visit officer), and le flure saying yeahhh will take that nigga bitch !! take that nigga bitch will! showing and or implacating that this such action we was done purposefully. and after about 2 whole minutes on plantiffs visit with his girlfriend on the screen you can see, inmate willams was there telling diffendent bros to come back, and take him back to his housing area, you can see on the (GentEcs video) He also was yelling no this is not my visitor, dont do that to my man reyes ...plantiff was then esscorted to his visit late wile diffendent bro was laughing because he know that the action was done on perpose, was plantiff got to his visit it was about 8:42 am and plantiff was only given 30minutes back for his visit, once it was about 9 am diffendent adams came out of the visit bubblestation, plantiff asked adams why am i always having issues with you, and why are yall playing with my visits, diffendent responded back i dont give a fuck about your visitors! then walked away, leaving plantiff very upset, plantiff is on 23/1 hour lockdown at this tis time and for this reason it is effecting him more . see EXIBIT 34

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AND ON 5-1-2022 CO MORRIS APPROACHED PLANTIFFS CELL DOOR QUIT SWIFTLEY AND SLAMMED PLANTIFE ARM IN FOOD SLOT INJURING PLANTIFFS ARM, THEN TELLING HIM TO NOW CALL 311, FOR MEDICAL ATTENTION, OR SUE WE ME PUSSY, WILE WALKING AWAY FROM PLANTIFFS CELL LAUGHING, ALL WILE PLANTIFF WAS HOUSED IN UNIT 15A AT GRVC FACILITY... on or about 4-8-22...

ANOTHER INMATE, STOPING PLANTIFFS PIN NUMBER AND GAEIT TO ANOTHER INMATE, STOPING PLANTIFF FROM BEING ABLE TO CONTACT HIS FAMILY MEMBERS, THE NUMERS THAT WAS CALLED THIS TIME WAS 646-920-4516, and as YOU WILL SEE THREW YOUR INVESTIGATION ALSO SEE EXIBIT 34 for more proof of inciedent all because of plantiffs 311 calls on diffendent and not eating hois food which should not be forced apon..

and on the same date of on or about 4-8-22, diffendent poped planfiffs wall jack and never called I.T perposly so that plantiff couldnt call his family and or 311 to motify them stating everyday nigga you gone = suffer bitch " after he (walked away), leaving plantiff depressed and not able to use the phone for 3 weeks...

PLANTIFF HEREIN STATES THAT HE NOW SUFFERS FROM ASTHUMA, BECAUSE OF DEFFENDENTS ACTIONS, NEGLECT, AND FAILURE TO PROTECT AND SERVE PLANTIFF WAS HOUSED IN UNIT 15 and everyday diffendent would say nigga my weight is up, nobody would get medical in this bitch lon orb about March 15th of 2022 plantiff was complaning of shortness of breath, to dieffendent morris (ESH FLOOR OFF OCER) march 2nd 22,3rd 2021, may 10,2021, may 1st 2021, and on all said dates on or about plantiff was told by deffendent morris, fuck you nigga you dont need no medical attention, plantiff was having these issues because of all the constant fires be set and not getting medical attention on such days, plantiff remembers days were there was no way to breath because of the black smoke that clouded the housing area and hallways, officer morris would tell inmates on pepose so that he could spray them with fire extinguisher, and mase ....

them leaving them to suffer more, not to mention when plantiff was arrested on 7-19-2018 he never had asthama, and now he does ,plantiff also informed fiffendent tyneka green (adw), morris and tiffany morales (dw) of his born difect of a heart murmer, on 3-31-2022 on or about in 15a but they all ignored inmates asing for medical ,insteaed thay walked over to the next inmate, inmate maliek facey, who was assualted by co morrisdabout 5 days before werew on gentec footage he slammed inmater facey on his forhead , leaving inmate to get stiches ove his eyes from diffendeht morris constantly punching immate in his face ! and also inmat to suffer from a busted lip, then giving me plantiff his pin number to use , so that maybe one day plantiff and inmate facey would end up trying to kill each other. see exibit 34 also for report from malik facey nysid# 13635914k so on or about november 26 plantiff was housed in unit 2A and complaned to deffendent captain guan of chest pains, and also saying that his neck , ass and body was hurting from the nov-16th issue with diffendent ritter, and kevin young, captin guan-(diffendent) told plantiff that he was not taking, plaffiff to the clinic so he can tell (snitch ) on his frindes , leaving plantiff in his(cell)(11) to suffer, on november 27th 2022 (ADW)fkemings and diffendent henry walked doing her rounds in unit 2A Were plantiff informed them as he sat on his floor of his cell in pain that he needed medical attention for  $1\frac{1}{2}$  days and they both said that, that was not there problems .. now on NOVEMBER(@7 th) 2022 plantiff informed Diffendent Guan that he really needed medicak and captaian guan then walked to diffendents cell and seen plantiff had urinated , shitted on himself also ,then and only then did diffendent guan medical complaints, plantiff was taken to medical after about 4 hours of deffucation, by captain guan(the diffendent) was takin to medical @about 8:40 pm by diffendent capt guan were he told proposed plantiff wile his body cam was on that plantiff was not really in pain and to get over it, implacating that he did not take plantiff seriouse at all... once plantiff got to medical he diffendent capt guan walked inside

plantiffs cubical where plantiff was awaiting the nurse diffendent guan st inside the cubical threatening plantiff to hurry up and not to say anythingb about his staff members to the doctors or he would spray plantiff and plantiff would never get medical attention from him again, making plantiff feel that he should leave without medical, so after 2 more minutes plantiff left and was esscorted back to his housing area , and on the date of or about 11-30-22 i asked the floor officer at the time diffendent brancie #4802 to callmedical she then said hell no you just got searched your staying in your cell, i dont cares co sonny and jane doe officer said that there was no medical staff for 2a do to the CLO DIFFENDENT BRANCIE SAID THATS RIGHT!, SO FOR ABOUT 2 whole days plantiff did not get medical treatment and , once he did the john doe doctor informed plantiff that he was suffering from a slight asthuma attack, and so for that reason @homE he was giving (plantiff) a asthama pump On DEC·1st-@022.

PLANTIFF Was TOLD THAT HE COULD NOT RECIEVE MEDICAL attention or Sick Call Many Times From the Dates of March 5th 2023 till on or About April 10th 2023, Because He was RED I.D, Captain Esscort, and Because of the CLO AIL BY Diffendents Brancie, ADW Henry, DW HARRIS, AND WILLIAM Mc Neil! Leaving Plantiff to Suffer! CLO See Exibit 8

EXIBIT# 33

|                        | FOOD SERVICE PORTION CONTROL SHEET | FOOD SERVICE PORTION CONTROL SHEET | VTROL SHEET    | 7 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | B LUB                      |         |
|------------------------|------------------------------------|------------------------------------|----------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|---------|
| DATE: 02/20/2023       |                                    |                                    | )              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                            |         |
|                        | DINNER                             | ER                                 | FACILITY: GKYC |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                            |         |
| HOUSING AREA           |                                    | TODAY'S T/C                        | G.P.           | HALAL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | KOSHER                     | DIETS   |
| MENU ITEM              | SERVING<br>PORTION SIZE            | Number of Pans/Servings per Pan    |                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                            | -       |
| GEN. POPULATION        |                                    |                                    |                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                            | 2000    |
| Homestyle Burritos 155 | 2 each                             |                                    |                | The second secon | \$ 8 0 1 0 8 8 7 0 9 7 4 1 |         |
| Salsa Sauce            | 2 oz                               |                                    |                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                            |         |
| J                      | 4 oz                               |                                    |                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                            |         |
| Chilled Pears          | 4 02                               |                                    |                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                            |         |
| vynole wneat Bread     | 2 Slices                           | C                                  |                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                            |         |
| HALAL                  |                                    |                                    |                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                            |         |
| Homestyle Burritos     | 2 each                             |                                    |                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                            | 以外できず後差 |
| Salsa Sauce            | 2 oz                               |                                    |                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                            |         |
| Carrot & Celery Salad  | 4 oz                               |                                    |                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                            |         |
| Chilled Pears          | 400                                |                                    |                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                            |         |

| Steamed Greens Mixed Green Salad Te Wheat Bread | MENU ITEM  GEN. POPULATION  Meatloaf  Com        | HOUSING AREA                | DATE: 00/01/2003             | A Committee of the Comm |
|-------------------------------------------------|--------------------------------------------------|-----------------------------|------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 4 oz<br>2 Slices                                | PORTION SIZE Pans/Servings per Pan 2 Slices 4 oz | LUNCH TODAY'S T/C Number of | FOOD SERVICE PORTION CONTROL | NEW YORK CITY DEPARTMENT OF CO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|                                                 | Pan                                              | G.P. HALAL                  | CONTROL SHEET                | NT OF CORRECTION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|                                                 |                                                  | KOSHER DIETS                |                              | THE REAL PROPERTY.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Whole Wheat Bread | Crushed Pineapple                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Sliced Cucumbers | Jamaican Vegetable Patty | HALAL |   | vvnoje vvneat Bread | Crusned Pineapple | Sliced Cucumbers | Jamaican Vegetable Patty | GEN. POPULATION | MENU ITEM             |           | HOUSING AREA | 6- 1-90 D   |           | DATE: 02/22/2023 |                              |                                |      |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|--------------------------|-------|---|---------------------|-------------------|------------------|--------------------------|-----------------|-----------------------|-----------|--------------|-------------|-----------|------------------|------------------------------|--------------------------------|------|
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 2 slices          | 4 02                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 4 02             | 2 each                   |       |   | 2 slices            | 4 02              | 402              | 2 each                   |                 | PORTION SIZE          | SERVING   |              |             | LUNCH     |                  | FOOD SERVI                   | NEW YORK CIT                   |      |
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| Section of the sectio |                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                  |                          |       | 1 |                     |                   |                  |                          |                 |                       |           |              | G.P.        | FACILITY: |                  | NTROL SHEE                   | OF CORREC                      | i de |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                  |                          |       |   |                     |                   |                  |                          |                 |                       |           |              | HALAL       | 4         |                  | クン                           | RRECTION                       |      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                  |                          |       |   |                     |                   |                  |                          |                 |                       |           |              | KOSHER      | く         |                  | )                            | P. C.                          |      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                  |                          |       |   |                     |                   |                  |                          |                 |                       |           | ,            | DIETS       |           |                  |                              |                                |      |

| Mixed Green Salad 4 oz                  | Pickled Beets 4 oz | Potato Salad 6 oz | いからいからいのできますが、                  | HALAL | Whole Wheat Bread 2 Slices | Fresh Fruit 1 each | Mixed Green Salad 4 oz | Pickled Beets 35 | Potato Salad 35 | Egg Salad SS 6 oz | GEN. POPULATION | MENU ITEM SERVING Number of Pans/Servings per Pan | HOUSING AREA TODAY'S T/C | DINNER           | DATE: 02/19/2023 | FOOD SERVICE PORTION CONTROL SHEET | NEW YORK CITY DEPARTMENT OF CORRECTION |  |
|-----------------------------------------|--------------------|-------------------|---------------------------------|-------|----------------------------|--------------------|------------------------|------------------|-----------------|-------------------|-----------------|---------------------------------------------------|--------------------------|------------------|------------------|------------------------------------|----------------------------------------|--|
| 100000000000000000000000000000000000000 |                    |                   | は、これでは、「日本の大学のの意味をしている」というできません |       |                            |                    |                        |                  |                 |                   |                 |                                                   | G.P.                     | FACILITY: G      | )                | NTROL SHE                          | OF CORREC                              |  |
|                                         |                    |                   |                                 |       |                            |                    |                        |                  |                 |                   |                 |                                                   | HALAL                    | G<br>ス<br>く<br>C |                  | ET                                 | CTION                                  |  |
|                                         |                    |                   |                                 |       |                            |                    | -                      |                  |                 |                   |                 |                                                   | KOSHER                   |                  |                  |                                    | 0 <b>9</b> 0                           |  |
|                                         |                    |                   |                                 |       |                            |                    |                        |                  |                 |                   |                 |                                                   | DIETS                    |                  |                  |                                    |                                        |  |

| Whole Wheat Bread | Fresh Fruit | Mixed Green Salad | A CACION DOMEST | Venetarian Raked Beans | Catsup | -HL Hamburgers |  |         | Whole Wheat Bread | Fresh Fruit | Mixed Green Salad 400 | Vegetarian Baked Beans / WY | Catsup Yu | 100  | Hamburgers // A/O | GEN. POPULATION | MENC ITS     |                       |             | HOUSING AREA |             |           | DATE: 02/25/2023 |                             |               |                               |   |
|-------------------|-------------|-------------------|-----------------|------------------------|--------|----------------|--|---------|-------------------|-------------|-----------------------|-----------------------------|-----------|------|-------------------|-----------------|--------------|-----------------------|-------------|--------------|-------------|-----------|------------------|-----------------------------|---------------|-------------------------------|---|
| 2 Slices          | l each      | 70.5              | 4 22            | 50 oz                  | 1 0Z   | z eacn         |  |         | 2 Slices          | 1 each      | 4 oz                  | 2002                        | 607       | 1 07 | 2 each            |                 | PORTION SIZE | SERVING               |             | -            |             | CZCI      |                  | FOOD SEI                    | NEW YORK      | NEW YORK O                    | , |
|                   | ***         |                   |                 |                        |        |                |  | 1000000 |                   |             |                       |                             |           |      |                   |                 |              | Pans/Servings per Pan | Number of . |              | TODAY'S T/C |           | :                | FOOD SERVICE PORTION CONTRO | ALL DELYCLING | NEW YORK CITY DEBARTMENT OF C |   |
|                   |             |                   |                 |                        |        |                |  |         |                   |             |                       |                             |           |      |                   |                 |              |                       |             |              | G.P.        | FACILITY: |                  | 0                           |               | ENT OF CORRE                  |   |
|                   |             |                   |                 |                        |        |                |  |         |                   |             |                       |                             |           |      |                   |                 |              |                       |             |              | HALAL       |           |                  | VE TO                       |               | ORRECTION                     |   |
|                   |             |                   |                 |                        |        |                |  |         |                   |             |                       |                             |           |      |                   |                 |              |                       |             |              | NOONED.     |           |                  | 2                           |               |                               |   |
|                   | 4000        |                   |                 |                        |        |                |  |         |                   |             |                       |                             |           |      |                   |                 |              |                       |             |              | 5           | 2         |                  |                             |               |                               |   |

Exibit 34

houysing area... this tyime plantiff got into a argument with the second inmate, and plantiff was stabbed 5 times and jumped (assulted) by maultiple immates on the date of 1-31-21 in 1 west o.b.c.c seen all on camra , sprayed exsesively planiff was... plantiff was then taken to the shower area decantaminated, put in seg intake for over 5 hours then , taken right back to the same housing area , because diffendent (dunbar sharma) order officer to do so, puting me back in harms way for the now 3rd time! plantiff was put back into this freezing cold cell were it was about 40 degrees inside it and plantiff had his blankets, taken by the jhon/and/jane doe officers of e.s.u leaving plantiff freezing cold in his cell for about 2 days when diffendent dunbar wakled inside housing(areal west) then stating out loud anyone who cuts, or stabbs any inmates in my house want be getting any sick call, or recreation including you buldock ) which is another inmates name in that that housing area that she set up to gett cut, but of her self dislike for inmate nysid# 13146857H .who can aslo be a great witness to this day and a diffendent shermas # Bad conduct plantiff was also asking for sick call and mental health needs that plantiff asked for and she restricted referencing case ... INEST V HOGAN, 2013, on reportand recommendation section were it speaks on how diffendent dunbar emploied by diffendehtcitys, failure to treat mental illnes wile inmate had been housed in a M.H.A.U FOR INFRACTED INMATES... ONCE PLANTIFF WAS LOCKED OUT OF HIS CELL KNOWING THAT HE WAS IN DANGER HE THAN PUT HIS HANDS UP IN DEFFENCE, WERE WAS THE ATTACK BY OVER 8 toi 6 inmates, then suffering a busted lip and a 4 inch light laserated left sholder, that he noticed as the officers closed the cekl back

plantiff felt bad for the captain because she was also hurt from trying to stop the inmates , plantiff felt like browder ) at this point a inmate who was also always assulted by officers and other inmated , who went hoome and killed himself... from there incedent was terminated with plantiff being pushed back into his cell, from there he was told by john doe staff member that dunbar said not to say anything to medical staff, so he didnt get medical care at all, the floor cappain still wrote out a medicall document but was told to throwi it away by diffendent (dunbar sherma) jane doe from 1 west informed plantiff that she would have loved for plantiff to get medical care, but she also didnt want to go agnts her warden who dosnt even like woman captains, she also inher own word let plantiff # know were the medical sheet was so he could find it so he could call 311 about it , then captin (jane doe) also let plantiff know that diffendeht dunbar wanted this incedent hiden (swept under the rug) also as reference..in case city of new york2022 (20-cv-8622) in A. FACTUAL williams BACKGROUNG SECTION PARAGRAGH 2 plantiff of that case speaks on diffendent sherma dunbar have a seirous dislike for woman captains ....

UN or about the Date of Mar - -23, Defendent Mc Neil Steped to Plantiff AND said yo Aint you the same nigger who always Call 311 for sick call medical, visits Being violated and Exetara... Nigger you will never get medical attention.

In this Housing area pussy you Lucky you not Home to killed By them crips you killed, or IN G.P TO GET STOBBED UP By the Crips... reffering to Plantiffs State case in (Queens NY).

Diffendent then Went on to say yo And you swolled the Scalple my man Ritter Gave you and almost Died! Stupid Nigger! So If I say Jump off a Building you gone Do it Dumm ass, Then Plantiff TOLD officer to shut up!

So Diffendent walked away saying thats why Ima have The Search at your Housing area tommarrow... Which the Search Did come to Harrasse Plantiff ON 3- -23 As A Way of Retaliation!

diffendent latter bosting about such action saying, nigga im the mayor of G.R.V.C you aint know!!! plantiff said to DIFFENDENT MC NEIL , WELL IF YOUR THE MAYOR THEN GET MY TOLET FIXED AND MY SINK WATER DOSNT RUN ! how ima brush my teeth? diffendent harris then said use your hand nigger and the shower water once a week , plantiff then asked floor officer to right another work order fr his sink and toielet, because the smell was getting so bad that when john/jane doe did there \$ECURITY INSPECTIONS THAT THEY EVEN COMPLANED ABOUT IT ... SEE EXIBIT 35 see 2 of the security inspection sheets that was done around this time , adwh henry ,william mc meil,adw harris all diffendents) herein forced inmate (plantiff ) to live in these conditions!! because he was a constant 311 caller and because he was sueing the diffendents , NONE ONLY BECAUSE HE ASKED SUCH DIFFENDENTSOVER 14 times and even grieved and 311 the issue ,but these 3 diffendents named herein ,and the only thing they would say is hell no PROP YOUR LAWSUOT AND WE WILL SEE WHAT WE CAN DO! from febuary 1 on or about 2023 to about april 1st 2023!

Exibit 33

| HOUSING AREA   TODAY'S TIC   G.P.   HALAL   KOSHER   DIETT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   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| TIC DIETS         Carbohydrate Controlled         Modified Consistency         Renal         Full Liquid         Pureed           1 each         2 each         1 each         Hot Cereal         Puree Meat           4 oz         8 oz         4 oz         Pudding         Puree Starch           d         1 slice         2 slices         2 slices         Apple Sauce         Milk           f         1 slice         2 slices         Apple Sauce         Milk           f         2 slices         2 slices         Apple Sauce         Milk           f         2 slices         Apple Sauce         Milk                                                                                                                                                                                                                                                                                                                                                                                                                   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| 4 oz   2 oz   2 oz   2 oz   2 oz   4 oz      | H. Jamaican Beef Patty      | · 2 ea                                 |                                    |           |              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | :Um     |
| 4 oz   4 oz   2 silces                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Steamed Cabbage             | 4 OZ                                   |                                    |           |              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | er      |
| 4 oz         2 oz         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         . </td <td>Carrot &amp; Celery Salad</td> <td>4 02</td> <td></td> <td></td> <td></td> <td></td> <td>t 7</td>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Carrot & Celery Salad       | 4 02                                   |                                    |           |              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | t 7     |
| 1 pk   3 each   2 ca                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Whole Wheat Bread           |                                        |                                    |           | <b>5</b> m.7 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |         |
| 4 oz      | KOSHER                      |                                        |                                    |           |              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Fi      |
| 4 oz                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | K Fillet of Flounder        | 4 02                                   |                                    |           |              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ed      |
| 4 oz 3 each Carbohydrate Controlled Modifed Consistency Renal Full Liquid Puree Meat 4 oz 4 oz 4 oz 7 slice 2 slices 2 slices Apple Sauce Milk Furit Drink 7 slice 2 slices 2 slices Sugar 8 oz 4 oz 8 oz 7 slices 2 slices 7 slices Milk Puree Vegetable 8 oz                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | K Tomato Sauce              | 2 oz                                   |                                    |           |              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 0       |
| Carbohydrate Controlled Modified Consistency Renal Full Liquid Pureed  1 ea 2 ea 1 ea Hot Cereal Puree Meat 4 oz 8 oz 4 oz Milk Puree Vegetable 1 slice 2 slices 2 slices Apple Sauce Milk Supplement Margarine Tea Tea Tea Tea Supplement Margarine  Meal Components and quantity Verifications                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | K Mashed Potatoes           | 4 oz                                   |                                    |           |              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 3/k     |
| Carbohydrate Controlled Modified Consistency Renal Full Liquid Pureed  1 ea 2 ea 1 ea Hot Cereal Puree Meat 4 oz 8 oz 4 oz Pudding Puree Starch 4 oz 8 oz 4 oz Milk Puree Vegetable 1 slice 2 slices 2 slices Apple Sauce Milk Fruit Drink Fruit Drink Margarine                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | K Garden Vegetables         | 4 oz                                   |                                    |           |              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 23      |
| 3 each     Renal     Full Liquid     Pureed       Carbohydrate Controlled     Modified Consistency     Renal     Full Liquid     Pureed       1 ea     2 ea     1 ea     Hot Cereal     Puree Meat       4 oz     8 oz     4 oz     Pudding     Puree Starch       4 oz     8 oz     4 oz     Milk     Puree Vegetable       1 slice     2 slices     2 slices     Apple Sauce     Milk       Fruit Drink     Fruit Drink     Fruit Drink     Fruit Drink       Meal Components and quantity Verifications     Sugar     Tea                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | K Carrot Sticks             | 1 pk                                   |                                    |           |              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 2       |
| Carbohydrate Controlled       Modified Consistency       Renal       Full Liquid       Puree Meat         1 ea       1 ea       Hot Cereal       Puree Meat         4 oz       8 oz       4 oz       Pudding       Puree Starch         4 oz       Apple Sauce       Milk       Puree Starch         1 slice       2 slices       2 slices       Apple Sauce       Milk         Fruit Drink       Fruit Drink       Fruit Drink       Fruit Drink         Meal Components and quantity Verifications       Sugar       Tea                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | K Matzohs                   | 3 each                                 |                                    |           |              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 3       |
| Carbohydrate Controlled     Modified Consistency     Renal     Full Liquid     Pureed       1 ea     2 ea     1 ea     Hot Cereal     Puree Meat       4 oz     8 oz     4 oz     Pudding     Puree Starch       4 oz     A oz     Milk     Puree Vegetable       1 slice     2 slices     2 slices     Apple Sauce     Milk       Fruit Drink     Fruit Drink     Fruit Drink       Supplement     Margarine       Sugar     Tea       Tea     Tea                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                             |                                        |                                    |           |              | and the same of th | Pa      |
| 1 ea         2 ea         1 ea         Hot Cereal           4 oz         8 oz         4 oz         Pudding           4 oz         A oz         Milk           1 slice         2 slices         2 slices         Apple Sauce           Fruit Drink         Supplement         Tea           Meal Components and quantity Verifications         Sugar                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | HEKAPEUTIC DIETS            | Carbohydrate Controlled                | Modified Consistency               | Renai     | Full Liquid  | Pureed                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | ge      |
| 4 oz 8 oz 4 oz Pudding 4 oz 4 oz Milk 1 slice 2 slices 2 slices Apple Sauce Fruit Drink Supplement Supplement Supplement Supplement Tea Sugar                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Jamaican Beef Patty         | 1 ea                                   | 2 ea                               | 1ea       | Hot Cereal   | Puree Meat                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Lō      |
| 1 slice 2 slices 4 oz Milk 1 slice 2 slices Apple Sauce Fruit Drink Supplement Tea Sugar Meal Components and quantity Verifications                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Steamed Cabbage             | 4 oz                                   | 8 02                               | 4 oz      | Pudding      | Puree Starch                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 5       |
| 1 slice 2 slices Apple Sauce Fruit Drink Supplement Tea Supplement Tea Sugar Sugar                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Carrot & Celery Salad       | 4 02                                   |                                    | 4 02      | Milk         | Puree Vegetable                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | of ·    |
| Fruit Drink Supplement Tea Tea Sugar Sugar                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Whole Wheat Bread           | 1 slice                                | 2 slices                           | 2 slices  | Apple Sauce  | Mik                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 22      |
| Supplement Tea Sugar Meal Components and quantity Verifications                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                             |                                        |                                    |           | Fruit Drink  | Fruit Drink                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 5       |
| Meal Components and quantity Verifications                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                             |                                        |                                    |           | Supplement   | Margarine                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |         |
| Meal Components and quantity Verifications                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                             |                                        |                                    |           | Теа          | Tea                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                             |                                        |                                    |           | Sugar        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                             |                                        |                                    |           |              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |         |
| 7                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                             |                                        | nponents and quantity Verif        | Ications  |              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Food Service Assigned/Staff | 7                                      |                                    |           |              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                             |                                        |                                    |           |              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |         |

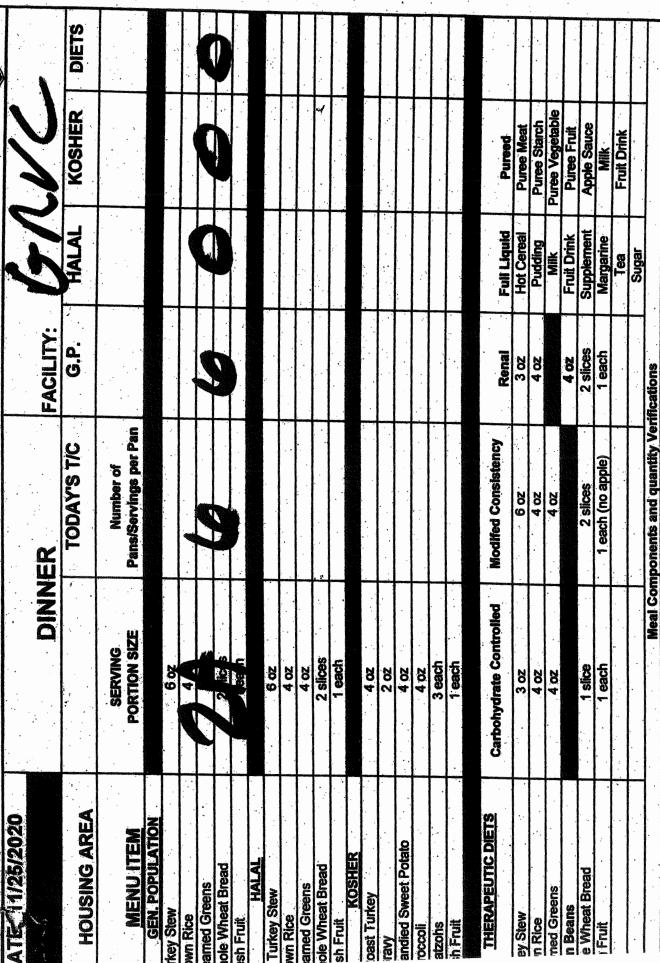
## NEW YORK CITY DEPARTMENT OF CORRECTION FOOD SERVICE PORTION CONTROL SHEET



| DATE: 6/13/2022             | DINNER                  | ER                                         | FACILITY: GRVC | RVC            |               |       |
|-----------------------------|-------------------------|--------------------------------------------|----------------|----------------|---------------|-------|
| HOUSING AREA                |                         | TODAY'S T/C                                | G.P.           | HALAL          | KOSHER        | DIETS |
| MENU ITEM                   | SERV                    | Number of<br>Pans/Ser in mer Pan           |                |                |               |       |
| GEN. POPULATION             |                         |                                            |                |                |               |       |
| Pizza Pockets               |                         |                                            |                |                |               |       |
| Steamed Carrots             | Z                       |                                            |                |                |               |       |
| Fresh Fruit                 | 1 each                  |                                            |                |                |               |       |
| Whole Wheat Bread           | 2 Slices                |                                            |                |                |               |       |
|                             |                         |                                            |                |                |               |       |
| LA! A!                      |                         |                                            |                |                |               |       |
|                             |                         |                                            |                |                |               |       |
| Pizza Pockets               | 2 each                  |                                            |                |                |               |       |
| Steamed Carrots             | 4 02                    |                                            |                |                |               |       |
| Fresh Fruit                 | 1 each                  |                                            |                |                |               |       |
| Whole Wheat Bread           | 2 Slices                |                                            |                |                |               |       |
|                             |                         |                                            |                |                |               |       |
| GH GO                       |                         |                                            |                |                |               |       |
| NOSHEK                      |                         |                                            |                |                |               | * T   |
| n Cheese Lasagna            | 8 oz                    | \<br>\                                     | 1              |                |               |       |
| K Tomato Sauce              | 2 oz                    |                                            |                |                |               |       |
| K Peas & Mushrooms          | 4 oz                    |                                            | 1.             |                |               |       |
| K Matzohs                   | 3 each                  |                                            | 5              |                |               |       |
| Fresh Fruit                 | 1 each                  |                                            |                | 7              |               |       |
|                             |                         | 1                                          |                | 3              |               |       |
| THERAPEUTIC DIETS           | Carbohydrate Controlled | Modifed Consistency                        | 0              | L              |               |       |
| Pizza Pockets               | 2 each                  | 2 each                                     | 1 ocoh         | ruii Liquid    | Pureed        |       |
| Steamed Carrots             | 4 02                    | 4 02                                       | ו במכוו        | Apple Sauce    | Puree Fruit   |       |
| Fresh Fruit                 | 1 each                  | 1 each (No Apple)                          | 1 each         | Didding        | Tol Cereal    |       |
| Whole Wheat Bread           | 2 Slices                | 4 07                                       | 102            | r udullig      | IMILK         |       |
|                             |                         | 70                                         | 700 †          | Milik<br>Togen | Margarine     | -     |
|                             |                         |                                            |                | College Of Leg | Corree or lea |       |
|                             |                         |                                            |                | Supplement     | Sugar         |       |
|                             |                         |                                            |                |                | -             |       |
|                             | Meal Comp               | Meal Components and quantity Verifications | cations        |                |               |       |
| Food Service Assigned Staff |                         |                                            |                |                |               |       |
|                             |                         |                                            |                |                |               |       |
| Signature Sr cook COLEMAN   |                         |                                            |                |                |               |       |

### NEW YORK C

# NEW YORK CITY DEPARTMENT OF CORRECTION FOOD SERVICE PORTION CONTROL SHEET





Service Assigned Staff ture

| PORTION CONTROL SHEET  FACILITY:  G.P. HALAL KOSHER DIET  of Pansa/Servings  per Pan  Per Pan  For Sheet Sheet  Full Liquid Pures Sheet  For Sheet Sheet  For Acc Acc Sugar  For Sugar  First and quantity Verifications  Facility Sheet S | Uid Puree Meat  19 Puree Meat  19 Puree Starch  19 Puree Starch  19 Puree Starch  19 Puree Starch  10 Puree Meat  10 Puree Mea | FACILITY: G.P. HALAL KOSHER  of Pans/Servings  per Pan  de of Pans/Servings  de Consistency  A C | NEW YORK CITY D                    |
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| Uid Fure Meat  Buree Starch  Puree Starch  Puree Starch  Puree Vegetable  Milk  Fruit Drink ent  Tea                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | LAL KOSHER  uid Puree Meat  eal Puree Meat  g Puree Starch  Puree Starch  Puree Starch  Milk  Fruit Drink  ent Margarine  Tea                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Uid Pureed eal Puree Meat g Puree Starch ouce Milk Fruit Drink ent Margarine Teal                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | JU SERVIC                          |
| Full Liquid Pured Hot Cereal Puree Meat Pudding Puree Starch Milk Puree Vegetable Fruit Drink Supplement Margarine Tea Tea Tea                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | DAY'S T/C   G.P.   HALAL   KOSHER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Per Pan  Of Pans/Servings  Per Pan  Coresistency  Ronal  14 02  Soz  4 02  Full Liquid  Puree Meat  Hol Cereal  Hol Cereal  Hol Cereal  Hol Cereal  Full Liquid  Puree Meat  Hol Cereal  Holding  Hold | J S S                              |
| Full Liquid Hot Cereal Pudding Milk Apple Sauce Fruit Drink Supplement Tea Sugar                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Full Liquid Hot Cereal Pudding Milk Apple Sauce Fruit Drink Supplement Tea Sugar                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Full Liquid Hot Cereal Pudding Nilk Apple Sauce Fruit Drink Supplement Tea Sugar                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 5                                  |
| Full Liquid Hot Cereal Pudding Milk Apple Sauce Fruit Drink Supplement Tea                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      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### Inmate name KARELEFS, MATTHEW 141-19-03366 GRVC: Housing area 2A

| <u>G</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <u>LAT</u> | <u>Г КО</u>     | SHE   | <u>{</u> |    |
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| LU                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | JNCI       | $\mathbf{I}$    | DIN   | NER      |    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Chec       | k Appropriate I | oox   |          |    |
| Sign:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 6          |                 | g = t | 1949     | () |
| Date:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 5/6        | 25/             | 121   |          |    |
| Description of the second of t |            |                 |       |          |    |

Note: Not required to sign on Sabbath (Saturday)

[Area officer or Captain may sign on behalf of the inmate on day of Sabbath].

### NEW YORK CITY DEPARTMENT OF CORRECTION FOOD SERVICE PORTION CONTROL SHEET



| DATE: 02/8/2023             | DINNER                  | ER                                         | FACILITY: GRVC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | RVC           |             |       |
|-----------------------------|-------------------------|--------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|-------------|-------|
| HOUSING AREA                |                         | TODAY'S T/C                                | G.P.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | HALAL         | KOSHER      | DIETS |
| MENCITEM                    | SERVING<br>PORTION SIZE | Number of Pans/Servings per Pan            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |               |             |       |
| GEN. POPULATION             |                         |                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |               |             |       |
| Pepper Steak                | 8 oz                    |                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |               |             |       |
| Yellow Rice                 | 10 oz                   |                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |               |             |       |
| Green Beans                 | 4 oz                    |                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |               |             |       |
| Fresh Fruit                 | 1 each                  |                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |               |             |       |
| Whole wheat bread           | 2 31003                 |                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |               |             |       |
| HALAL                       |                         |                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |               |             |       |
| HL Pepper Steak             | 8 oz                    |                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |               |             |       |
| Yellow Rice                 | 10 oz                   |                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |               |             |       |
| Green Beans                 | 4 oz                    |                                            | and the state of t |               |             |       |
| Fresh Fruit                 | 1 each                  |                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |               |             |       |
| Whole Wheat Bread           | 2 slices                |                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |               |             |       |
|                             |                         |                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |               |             |       |
| KOSHER                      |                         |                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |               |             |       |
| K Roast Turkey              | 4 oz                    |                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |               |             |       |
| K Gravy                     | 2 oz                    |                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |               |             |       |
| K Candied Sweet Potatoes    | 4 oz                    |                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |               |             |       |
| K Broccoli                  | 4 oz                    |                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 4             |             |       |
| K Matzohs                   | 3 each                  |                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |               | - Alexandra |       |
| Fresh Fruit                 | 1 each                  | ٥                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |               |             |       |
|                             |                         |                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |               |             |       |
| THERAPEUTIC DIETS           | Carbohydrate Controlled | Modifed Consistency                        | Renal                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Full Liquid   | Pureed      |       |
| Pepper Steak                | 8 oz                    | Z0 9                                       | 3 oz                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Apple Sauce   | Puree Fruit |       |
| Yellow Rice                 | 4 oz                    | 10 oz                                      | 4 oz                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Hot Cereal    | Hot Cereal  |       |
| Green Beans                 | 4 oz                    | 8 oz                                       | 4 oz                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Pudding       | WIIIK       |       |
| Fresh Fruit                 | 1 each                  | 1 each (No Apple )                         | 1 each                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Mik           | Margarine   |       |
| Whole Wheat Bread           | 1 slices                | 2 slices                                   | 2 slices                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Coffee or 1ea | Sugar       |       |
|                             |                         |                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Supplement    | 3000        |       |
|                             |                         |                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |               |             |       |
|                             |                         |                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |               |             |       |
|                             | Meal Cor                | Meal Components and quantity Verifications | ifications                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |               |             |       |
| Food Service Assigned Staff |                         |                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |               |             |       |
| Signature MCI EGGAN/AGEDA   |                         |                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |               |             |       |
|                             |                         |                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |               |             |       |

|                             |                         |                                            | 720000          | MOIT        |                 |                                         |
|-----------------------------|-------------------------|--------------------------------------------|-----------------|-------------|-----------------|-----------------------------------------|
|                             | IN TOTAL                | NEW TORN CITY DEPARTMENT OF CORRECTION     | OF CORRE        | NOIS        | a ol            |                                         |
|                             | FOOD SERV               | FOOD SERVICE PORTION CONTROL SHEET         | ONTROL SHE      | ET          | ,               |                                         |
| DATE: 12/23/2021            |                         |                                            |                 |             |                 | . , , , , , , , , , , , , , , , , , , , |
|                             | DINNER                  | KER                                        | FACILITY: GRVC  | U           |                 |                                         |
| HOUSING AREA                |                         | TODAY'S T/C                                | G.P.            | HALAL       | KOSHER          | DIET                                    |
|                             | CNEXCHAN                | Number of Pans/Servings<br>per Pan         |                 | 1           |                 |                                         |
| MENU ITEM                   | PORTION SIZE            |                                            |                 | -           |                 |                                         |
| GEN. POPULATION             |                         |                                            |                 |             |                 |                                         |
| Baked Chicken Leg           | 1 each                  |                                            |                 |             | 2.000           |                                         |
| Gravy<br>Bread Stuffing     | 10                      |                                            |                 |             |                 | 1                                       |
| Steamed Carrots             |                         |                                            |                 |             |                 |                                         |
| Chilled Pears               | ZO                      |                                            |                 | 3           |                 |                                         |
| Whole Wheat Bread           | 2 slices                |                                            |                 |             |                 |                                         |
| HALAL                       |                         |                                            |                 |             |                 |                                         |
| HL Baked Chicken Leg        | 1 each                  |                                            |                 |             |                 |                                         |
| Gravy                       | 2 oz                    |                                            |                 |             |                 |                                         |
| Bread Stuffing              | 10 oz                   |                                            |                 |             |                 |                                         |
| Steamed Carrots             | 4 02                    |                                            |                 | 400400      |                 |                                         |
| Chilled Pears               | 4 02                    |                                            |                 |             |                 |                                         |
| Whole Wheat Bread           | z silces                |                                            |                 |             |                 |                                         |
| KOSHEK                      |                         |                                            |                 |             |                 |                                         |
| K Chicken Cacciatore        | 4 0Z                    |                                            |                 |             |                 |                                         |
| K Sauce                     | Z0 Z                    |                                            |                 |             |                 |                                         |
| K Elbow Macaroni            | 4 02                    |                                            |                 |             |                 |                                         |
| K Matzobe                   | 3 each                  |                                            |                 |             |                 |                                         |
| Fresh Fruit                 | 1 each                  |                                            |                 |             |                 |                                         |
|                             |                         |                                            |                 |             |                 | 1                                       |
| סדחות לודו וחמא מדו וד      | Carbohydrate Controlled | Modified Consistency                       | Renal           | Full Liquid | Pureed          |                                         |
| Baked Chicken Lea           | 1 each                  | 1 each                                     | 1 each          | Hot Cereal  | Puree Meat      |                                         |
| Gravy                       | 2 02                    | 2 oz                                       | 1 oz            | Pudding     | Puree Starch    |                                         |
| Bread Stuffing              | 10 oz                   | 10 oz                                      | 4 oz            | Milk        | Puree Vegetable |                                         |
| Steamed Carrots             | 4 0z                    | 4 oz                                       |                 | Apple Sauce | Milk            |                                         |
| Chilled Pears               | 4 02                    |                                            | 4 oz            | Fruit Drink | Fruit Drink     | Section 1                               |
| Whole Wheat Bread           | 1 slice                 | 2 slices                                   | 2 slices        | Supplement  | Margarine       |                                         |
|                             |                         |                                            |                 | Геа         | lea             |                                         |
|                             |                         |                                            |                 |             |                 |                                         |
|                             | Ме                      | Meal Components and quantity Verifications | y Verifications |             |                 |                                         |
| Food Service Assigned Staff |                         |                                            |                 |             |                 |                                         |
| Signature                   |                         |                                            | -               |             |                 |                                         |
|                             |                         |                                            |                 |             |                 |                                         |
|                             |                         |                                            |                 |             |                 | v                                       |

### Case 1:23-cv-01145-LGS Document 7 Filed 03/23/23 Page 172 of 225 STATEMENT OF FACTS:

On March 2nd 2023 while in the yard that is connected to hosuing unit 1a I witness CO McNiel engage in condcut against Dequan Reyes that was wrongful in nature.

Cô Mcneil walked over to the gate of the rec cage that Dequan Reyes was inside of and began telling him that he hated his guts, wanted him dead and was going to do everything in his power now that he is O.S.I.U. to get Dequan Reyes in population where he could have him cut and stabbed by gang members.

I then over heard Dequan Reyes asking CO Mcniel to please stop that he never did anything to him and in response CO Mcneil stated that you sued some of my associates and you areg going to pay for that shit nigger.

It appeared to me that CO Mcneil for whatever reason had a history with Dequan Reyes and was going to use his authority to seek some kind of revenge or retribution for a lawsuit of litigation of some sort.

I am willing to be a witness in this matter. Mt Name is ALEXANDER WILLIAMS JR, B&C# 141-180-1632, NYSID 01897858 $\sharp$ .

RESPECTFULLY SARMITTED

ALEXANDER WILLIAMS JR

G.R.V.C.

09-09 HAZEN STREET

EAST ELMHURST NEW YORK 11370

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | NEW YORK                                | CITY DEPARTMENT OF CORRECTION              | ENT OF COF          | RECTION     |                 |       |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|--------------------------------------------|---------------------|-------------|-----------------|-------|
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | FOOD SEI                                | ERVICE PORTION CONTROL SHEET               | V CONTROL           | SHEET       | DEE C           |       |
| DATE: 02/15/2023                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | TONCH                                   | 天                                          | FACILITY:           | ナ           |                 |       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         | TODAY'S T/C                                | G.P.                | K K         | KOŠHER          | DIETS |
| HOUSING AKEA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | SERVING                                 | Number of Pans/Servings per Pan            |                     |             |                 |       |
| GEN. POPULATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 4000 6                                  |                                            |                     |             |                 |       |
| Steamed Cabbage                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 4 0Z                                    |                                            |                     |             |                 |       |
| Carrot & Celery Salad                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 4 02<br>2 Slices                        |                                            |                     |             |                 |       |
| WIIGH WIIHAL DICAG                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 000000                                  |                                            |                     |             |                 |       |
| HALAL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                         |                                            |                     |             |                 |       |
| HL Jamaican Beef Patty                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 2 each                                  |                                            |                     |             |                 |       |
| Steamed Cabbage                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 4 02                                    |                                            |                     |             |                 |       |
| Carrot & Celery Salad                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 4 02<br>2 Slices                        |                                            |                     |             |                 |       |
| Whole Wheat Bread                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | S Silices                               |                                            |                     |             |                 |       |
| KOSHER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                         |                                            |                     |             |                 |       |
| K Meatballs                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 4 oz                                    |                                            |                     |             | · ·             |       |
| K Tomato Sauce                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 2 oz                                    |                                            |                     |             |                 |       |
| K Spaghetti                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 4 oz                                    |                                            |                     |             |                 |       |
| The state of the s |                                         |                                            |                     |             |                 |       |
| K Carrot Sticks                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 1 pk<br>3 each                          |                                            |                     |             |                 |       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         |                                            |                     |             |                 |       |
| THERAPEUTIC DIETS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Carbohydrate Controlled                 | Modified Consistency                       |                     |             | Doming          |       |
| Pool Doct Dott.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 1 pach                                  | 2 each                                     | 1 each              | Hot Cereal  | Puree Meat      |       |
| Steamed Cabbace                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 4 oz                                    | 8 oz                                       | 4 oz                | Pudding     | Puree Starch    |       |
| Carrot & Celery Salad                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 4 oz                                    |                                            | 4 02                | Milk        | Puree Vegetable |       |
| Whole Wheat Bread                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 1 Slice                                 | 2 Slices                                   | 2 Slices            | Apple Sauce | Mik             |       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         |                                            |                     | Fruit Drink | Fruit Drink     |       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         |                                            |                     | Supplement  | Margarine       |       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         |                                            |                     | Sigar       | 001             |       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         |                                            |                     | 500         |                 |       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 2                                       | Meal Components and quantity Verifications | ntity Verifications |             |                 |       |
| Food Service Assigned Staff                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | *************************************** |                                            |                     |             |                 |       |
| 10 / 2/ / AW                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | -                                       |                                            |                     |             |                 |       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         |                                            |                     |             |                 |       |
| r                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                         |                                            |                     |             |                 |       |

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Exibit 34

(TO) WHOM EVER THIS MAY CONCERN ABOUT THIS ISSUE HEREIN I AM THE PERSON AND WOMAN THAT INMATE WAS CALLING ON INMATE AND PLANTIFF REYES DEQUANS PIN NUMBER ON OR ABOUT (4-6-2022)...from rikers iland i thought that these actions by these officers were so stupid and unfare.

respectfully SUBMITTED

amiyna sutter ...

### Case 1:23-cv-01145-LGS Document 7 Filed 03/23/23 Page 176 of 225 STATEMENT OF FACT:

My name is ALEXANDER WILLIAMS , B&C# 141-180-1632 and I am making this statment on my own free will.

On February 28, 2023 security OFC Ritter and K. Young was in my housing unit for reason unknown to me.

During this time period which was on the 3-11 tour OFC Ritter and K. Young yeild up to my cell and told me that even though I didnt have visitation that they was working on something special for me because "FUCK BOI" Reyes didnt want to drop a lawsuit.

On the morning of March 5, 2023 at approxamately 8:15am I was ushered to GRVC visitation room and placed in a both and heard a female how I later discovered to be Capt Le-Fluer tell me to enjoy the visitor in the computer screen, take that nigga Bitch!...

Upon sitting down I discovered that the person on the screen was not for me but had resgistered to see Dequan Reyes who was housed in the smae housing unit with me.

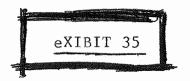
I immedately yeild for the captin that escorted me to the visiting room and informed him that the visit was not for me.

As I was being escorted back to the housing unit and awaiting clearence to walk out of the visitation area gate Capt Le-Fluer came out and stated to me that I must be a good nigger because it was set up for me to speak to Reyes girl by secuirty of the facility.

I responded by informing Capt Le-Fluer that i do not play with people family and them exited to go back to my housing unit.

I myself have been a victim of GRVC secuirty team retalaiting against me and did not want to be used in retaliating against another inmate.

alexander williams jr.









### SECURITY INSPECTION SHEET

| REA INSPECTED                                 | 1A                      | TIME BEGAN                 | TIME COMPLETE                                | ED.                 |
|-----------------------------------------------|-------------------------|----------------------------|----------------------------------------------|---------------------|
| DATE 3/6/2                                    | 3                       | 1 <sup>ST</sup> TOUR _ O 9 | 508                                          | 0815                |
| <b>7</b> 1                                    |                         | 2 <sup>ND</sup> TOUR       |                                              |                     |
| REA INSPECTED                                 | COND                    |                            | CONTRACANO                                   |                     |
| NET II NOTESTES                               | SATISFACTORY U          |                            | CONTRABAND<br>RECOVERED AREA                 | WORKORDER SUBMITTED |
| KEYS/LOCKS                                    | 7                       | N                          | ÁI                                           | UODIVITTED          |
| BARS/GATES                                    | V                       | N                          | N.                                           | 8/                  |
| SHOWER ROOMS                                  | 4                       | N                          | , , , , , , , , , , , , , , , , , , ,        | **/                 |
| /INDOWS/SCREENS                               | V                       | N                          | 11                                           | λ/                  |
| WALLS                                         |                         | N                          | $\lambda$                                    | 11                  |
| DAYROOMS                                      | 4                       | A)                         | N N                                          | N.                  |
| UTILITY CLOSET                                | V                       | Ň                          | Ň                                            | N/                  |
| VENTS                                         | V                       | Ń                          | N                                            | X 3 cei             |
| SLOP SINK                                     | 4                       | N                          | N                                            | l l                 |
| CELL WALLS                                    |                         |                            |                                              |                     |
| VINDOWS/SCREENS                               | <b>V</b>                | Λ                          | A                                            | N                   |
| LIGHTING                                      | Y                       | N                          | N                                            | N                   |
| CEILING                                       | y                       | N .                        | N                                            | <u> </u>            |
| OTHER (SPECIFY)                               |                         | y Sm                       | ell IN Housi                                 | ng area             |
| TOILETS                                       | <u> </u>                | <b>——————</b>              | M                                            | ₹ 3 ce              |
| CHAIRS/TABLES PLUMBING BEDS                   | N.                      | N                          | Ŋ                                            | N                   |
| REMARKS:                                      |                         |                            |                                              |                     |
|                                               |                         |                            | ì .                                          |                     |
| I have examined all are except as noted above | eas and items indicated |                            | ONAL SPACE IS NEED<br>nd them to be secure a |                     |
|                                               |                         |                            |                                              |                     |
| "A" OFFICER SIGNA                             | TURE & SHIELD #         | "B" OF                     | FICER SIGNATURE &                            | SHIELD #            |
|                                               |                         | C" OFFICERS SIGNA          | TURE & SHIELD#                               |                     |
| *NOTE: WORK ORDE                              | ERS WILL BE SUBMIT      | TED ON ALL AREAS F         | OUND TO BE DEFEC                             | TIVE                |
| REVIEWED BY                                   |                         |                            | DATE                                         |                     |
|                                               | САРТА                   | IN                         | 445.44.54                                    |                     |
| · Accession                                   | SECURITY TESTING        | OFFICER/SHIFLD #           | DATE                                         |                     |
|                                               | OLUUIIII ILOIMU         |                            |                                              |                     |

| NEW Y                                                                                                                                     | ORK CITY DEPA | RTMENT O          | F CORRE        | CTION                 |  |  |
|-------------------------------------------------------------------------------------------------------------------------------------------|---------------|-------------------|----------------|-----------------------|--|--|
| GEORGE R. VIERNO CENTER                                                                                                                   |               |                   |                |                       |  |  |
| TOUR FIRE & SAFETY INSPECTION OF HOUSING AREA                                                                                             |               |                   |                |                       |  |  |
| AREA INSPECTED: 14 DATE: 3/6/23 TOUR: 0500 x/33/                                                                                          |               |                   |                |                       |  |  |
| TIME INITIATED: 0800 Hours TIME COMPLETED: 0815 Hours                                                                                     |               |                   |                |                       |  |  |
| TYPE (H20 / CO2) COUNT (#) LOCATION CONDITION                                                                                             |               |                   |                |                       |  |  |
| TYPE (H2O / CO2)                                                                                                                          | COUNT (#)     | LOCAT             | LION           | CONDITION             |  |  |
| 420                                                                                                                                       | 1             | 1 Control         |                | appears fully charger |  |  |
|                                                                                                                                           |               |                   |                |                       |  |  |
|                                                                                                                                           | EXPE EVITO    | MATTATITE & A TOT | NATE OF STREET |                       |  |  |
| 4 TO CADERITO                                                                                                                             | PROPERLY SECU | MENT CABI         | NET            |                       |  |  |
| 2. IS HOSE PROPERLY STOWED & IN SERVICEABLE CONDITION? (Y) N) 3. IS NOZZLE IN PLACE? (Y) N) 4. IS WRENCH IN PLACE? (Y) N) FIRE EXIT DOORS |               |                   |                |                       |  |  |
| FIRE EXIT DOORS                                                                                                                           |               |                   |                |                       |  |  |
| 1. ARE ALL EXIT DOORS CLEAR AND UNOBSTRUCTED? (Y) N)                                                                                      |               |                   |                |                       |  |  |
| 2. DID A VISUAL CHECK OF THE LOCKING MECHANISMS SHOW THEM                                                                                 |               |                   |                |                       |  |  |
| TO BE FREE OF DEBRIS? (Y/N)                                                                                                               |               |                   |                |                       |  |  |
| 3. ARE THE FIRE EXIT SIGNS CLEARLY LEGIBLE AND                                                                                            |               |                   |                |                       |  |  |
| UNOBSTRUCTED? (Y / N)  ARE THE ULLIMINATED FIRE EXIT SIGNS LIT? (Y / N)                                                                   |               |                   |                |                       |  |  |
| 4. ARE THE ILLUMINATED FIRE EXIT SIGNS LIT? (Y / N) FIRE DETECTION SYSTEM                                                                 |               |                   |                |                       |  |  |
| FIRE DETECTION SYSTEM                                                                                                                     |               |                   |                |                       |  |  |
| UPON VISUAL INSPECTION, ARE ALL THE SMOKE DETECTION SENSORS INTACT AND FREE FROM DUST OR OTHER DEBRIS? (Y/N)                              |               |                   |                |                       |  |  |
| • SERVICEABLE – YES OR NO – IF NO – WORK ORDER TO BE                                                                                      |               |                   |                |                       |  |  |
| SUBMITTED BY REPORTING OFFICER AND VERIFIED BY                                                                                            |               |                   |                |                       |  |  |
| CAPTAIN.                                                                                                                                  |               |                   |                |                       |  |  |
| • IF NO – RECTIFY OR NOTIFY AREA CAPTAIN IMMEDIATELY                                                                                      |               |                   |                |                       |  |  |
| AND SUBMIT WORK ORDER                                                                                                                     |               |                   |                |                       |  |  |
| I HAVE EXAMINED ALL THE ABOVE ITEMS AND HAVE FOUND THEM TO BE IN THE CONDITION NOTED:                                                     |               |                   |                |                       |  |  |
| AREA OFFICER'S SIGNATURE:                                                                                                                 |               |                   |                |                       |  |  |
| PRINT NAME / RANK / SHIELD #:                                                                                                             |               |                   |                |                       |  |  |
| AREA CAPTAIN'                                                                                                                             | S SIGNATURE:  |                   |                |                       |  |  |
| PRINT NAME / RANK / SHIELD #:                                                                                                             |               |                   |                |                       |  |  |
| Remarks/Commer                                                                                                                            | its/Notes:    |                   |                |                       |  |  |
|                                                                                                                                           |               |                   |                |                       |  |  |
|                                                                                                                                           |               |                   |                |                       |  |  |

WEST FACILITY

On Dec 2, 2022 the plaintiff was transferred from GRVC facility to the WEST FACILITY jail on Rikers Island.

While at the West Facility jail the plaintif was unable to recive medical attention and sick-call in an adquite manner.

Many of the officers at West Facility fail to wear their sheild and tag with theri name on it leavingthe plaintiff unable to name each correction officer that the prequested sick call and medical attention from. The plaintime dom remember the name of Defendant CO FARRINAS who has 18 years on job that he requested medical from and was told that due to his violent ways and pass history that he "OFFICER FARRINAS" was not doing anything to assist the plaintiff with receiving medical care.

As a result of this conduct that was taking place in the West Facility Sprung six the plaintiff lodged two grievancesxxxx that can be seen the seen that see the seen the see

The plaintiff while at west facility was denied the right to file grievances by various SRT officers and Capatins and as an whole sprung six at the west facility was not in accordance with defendantss CITY by way of DOC polcies pursuant to Greivance Directive 3376R-A. These can be further explained below.

- (a) Sprung six did not have a greivance box where the plaintiff could drop his greiavnce inside of as stated in directive 3376R-A.
- (b) SRT and ESU took control of sprung six while plaintff was there and stop all civialian and west facility correctional staff fom entering housing unit while included greivance oficer CO KELLY, (sprung six housing unit logbook will support this)

As soon as the plaintiff was transferred back to GRVC on JAN 16, 2023 he filed a greiavnce memorlizing that fact that he was denied the right to file a grievance whoile at the West Facility Jail, see EXHIBIT-herein.

Another form of support that the plaintiff FIRST AMENDMENT RIGHT to peition and file complaints were violated by the defendants named herein this complaint if that numeorus other <u>inmates</u> filed a federal complaint with this court stating the exact same violation <u>with(in)</u> their complaint the names of these inmates that the plaintiff knows is as followed below:

- ALEXANDER WILLIAMS JR B&C # 1411801632
- KWAINE THOMPSON B&C # 3491901450
- RICKY TORRES B&C #'S UNKNOWN(AT THE TIME OF FILING THIS COMPLAINT.)

Plaintiff did get the opportunity to contact 311 on or about Jan 13, 14, 15, 16, 17, & 18, (20) in regaards to these issues and was given the following complaint numbers to ensure that Exhusation is completed:

EC-0056**X7**357 (EC-00567357)

EC-00567235

EC-00567387

While at the west facility the plaintiff began to suffer depression and anxiety and asked for mental health services which was denied. The plaintiff began to have issues eating and asked for supplements in thge matter, see EXHIBIT-15 herein.

While at the Westt Pacility jail under control of defendant GTTY on December 12, 13, 14, 15, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29,30,31 of 2022 the plaintiff was informed by west facility straff that he was on Recreation restriction againg without being given WOTTON or the opportunity of a hearing where he could present evidence favorable to himslef. This violation of the plaintiff's 14th Amendment Rights also seemed to be a GUSTON POLICY, PRACTICA, USAGA, PROCEDURE and RULE of defendant CTTY and once being claimed by the plaintiff herein as a MUNICIPAL LIMITUTY claim as well.

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On December 29, 2022 at the West Socility Jail under the control of defendant CTTy when the plaintiff informed staf that he was in serve pain and needed medical care such care was denied without reason, or explanation. Leaving the plaintiff sick and in pain for the remainer of the day.

EXHIBIT-12

## CITY OF NEW YORK - DEPARTMENT OF CORRECTION OFFICE OF CONSTITUENT AND GRIEVANCE SERVICES Form.: 7101R-A Eff.:9/14/18 INMATE STATEMENT FORM Ref.: Dir. 3376R-A Book & Case #: 4411 804.847 Inmate's Name: NYSID #: e Quan Facility: Date of Incident: **Housing Area: Date Submitted:** 12-15-63 Soruno All grievances must be submitted within ten business days after the incident occurred, unless it's a sexual abuse or harassment allegation. The inmate filing the grievance must personally prepare this statement. Upon collection by the Office of Constituent and Grievance Services (OCGS) staff, OCGS staff will time-stamp and issue it a grievance reference number. OCGS staff shall provide the inmate with a copy of this form as a record of receipt. Grievance: Par Action Requested by Inmate: Please read below and check the correct box: Do you agree to have your statement edited for clarification by OCGS staff? Do you need the OCGS staff to write the grievance for you? Yes Have you filed this grievance with a court or other agency? Did you require the assistance of an interpreter? Yes . No V Inmate's Signature: Date of Signature: -16-27 50K DOC OPFICE USE ONLY OCGS MUST PROVIDE A COPY OF THIS FORM TO THE INMATE AS A RECORD OF RECEIPT. THIS FORM IS INVALID UNLESS SIGNED BY THE INMATE AND GRIEVANCE COORDINATOR Grievance Reference # Category: TIME STAMP

Office of Constituent and Grievances Services Coordinator/Officer Signature:

EXHIBIT- 13

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## CITY OF NEW YORK - DEPARTMENT OF CORRECTION

|   | AND STREET                              |
|---|-----------------------------------------|
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|   | Date in                                 |
|   | WALL TO                                 |
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|                         |                                               | TAA I OIMI.                                  | - DEFAITIVIE                                                                                     |                                                              | FIFT                              | >11014                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 1000 |
|-------------------------|-----------------------------------------------|----------------------------------------------|--------------------------------------------------------------------------------------------------|--------------------------------------------------------------|-----------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|
| MQ.                     | OFFICE OF CO                                  |                                              | ND GRIEVANCE<br>ATEMENT FORM                                                                     | SERVICES                                                     | Eff.:9/                           | : 7101R-A<br>14/18<br>)ir. 3376R-A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |      |
| Inmate's N              | ame: DeOl                                     | ian P                                        | Book & Case #:                                                                                   | 74/1/804-                                                    | 847                               | NYSID#:<br>114381?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 39L  |
| Facility:               | WF                                            | Housing A                                    | rea: 6 sprung                                                                                    | Date of Incident:                                            |                                   | Date Submit                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | ted: |
| harassment of Constitue | allegation. The inmat<br>nt and Grievance Ser | e filing the grievanc<br>vices (OCGS) staff, | days after the incidence must personally pre<br>OCGS staff will time-<br>one form as a record of | pare this statemen<br>stamp and issue it                     | t. Upon                           | collection by t                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |      |
| Grievance:              | **************************************        | ill prob                                     | lems lan                                                                                         | grag m                                                       | <del>/</del> /                    | Coop                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |      |
| FOS                     | RER FOO                                       | I Net                                        | of Mer                                                                                           | scal f                                                       | -0/1                              | low o                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | P    |
| - W/-                   | th this                                       | s asa                                        | f 5"                                                                                             | Chicago March In the Microsoft In the Advice Chicago Charles | COLOR STOCKNISH STATE COLOR STATE | outconnections described the constitution of t |      |
|                         |                                               |                                              |                                                                                                  |                                                              |                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |      |
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| Action Req              | uested by Inmate:_                            | and                                          | tor n                                                                                            | re to.                                                       | pee                               | medi                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | ^car |
| Please read             | /<br>I below and check ti                     | ne correct box:                              |                                                                                                  |                                                              |                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |      |
| Do you agre             | e to have your statem                         | ent edited for clarific                      | cation by OCGS staff?                                                                            | Yes N                                                        | 0                                 | •                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |      |
| Do you need             | the OCGS staff to wri                         | te the grievance for                         | you?                                                                                             | Yes N                                                        |                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |      |
| Have you file           | ed this grievance with                        | a court or other age                         | ncy?                                                                                             | Yes N                                                        | · 🗗                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |      |
| Did you requ            | ire the assistance of a                       | in interpreter?                              | •                                                                                                | Yes                                                          | 0                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |      |
| Inmate's Sig            | gnature:                                      | -0                                           |                                                                                                  |                                                              | Date o                            | f Signature:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 6-22 |
|                         | OCGS MUST                                     |                                              | OR DOC OFFICE USE                                                                                |                                                              | ORD OF                            | RECEIPT.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |      |
|                         |                                               |                                              | ED BY THE INMATE AND (                                                                           |                                                              |                                   | ·                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |      |
| TIME STAMP              |                                               | Grievance Referenc                           | 10824                                                                                            | (                                                            | ategory<br>VCd                    | 11Ca I C                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | net  |
|                         |                                               | Office of Constitue                          | nt and Grievances Serv                                                                           | vices Coordinator/C                                          | fficer Si                         | gnature:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |      |

ATTACHMENT -B-1

# CITY OF NEW YORK - DEPARTMENT OF CORRECTION

| FFICE | OF | CONSTITU | JENT | AND   | GRIEV                                  | ANCE | SERVICES |
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| OFFICE OF CONST                                                                                                                                                            |                                                        | ND GRIEVANCE ATEMENT FORM                        |                                             | Form.: 7101R<br>Eff.:9/14/18<br>Ref.: Dir. 3376 |                                 |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|--------------------------------------------------|---------------------------------------------|-------------------------------------------------|---------------------------------|
| Inmate's Name: Dewur Re                                                                                                                                                    | yes                                                    | Book & Case #:                                   | <del>111-804-84</del>                       | NYSII                                           | D #:                            |
| Facility: GRVC                                                                                                                                                             | Housing A                                              | 13B                                              | Date of Incident:                           | Date 7                                          | Submitted:<br>7-7-20 <b>2</b> 2 |
| All grievances must be submitted within harassment allegation. The inmate filin of Constituent and Grievance Services OCGS staff shall provide the inmate wi               | g the grievand<br>(OCGS) staff,                        | ce must personally pre<br>, OCGS staff will time | pare this statement<br>stamp and issue it a | . Upon collec                                   | tion by the Office              |
| FN 13B CA Reep putting a This is Not                                                                                                                                       | n Reu<br>Ptann<br>we or<br>Frir                        | pes Has<br>LAW, A<br>V RECREC<br>G+ all!         | BREA BE<br>VD Capto                         | eing V                                          | sones                           |
| Action Requested by Inmate: 2  EURY DUY Please  Please read below and check the co                                                                                         |                                                        | ano I<br>roln Rene                               |                                             | Copp 6                                          | Pecreufin                       |
| Do you agree to have your statement ed<br>Do you need the OCGS staff to write the<br>Have you filed this grievance with a cou<br>Did you require the assistance of an inte | lited for clarific<br>grievance for<br>rt or other age | you?                                             | Yes No Yes No Yes No                        |                                                 |                                 |
|                                                                                                                                                                            | IDE A COPY O                                           | OR DOC OFFICE USE OF THIS FORM TO THE            | ONLY INMATE AS A RECO                       | ORD OF RECE                                     | -2022                           |
|                                                                                                                                                                            | ance Reference                                         | ce #<br>nt and Grievances Ser                    |                                             | ategory:<br>ficer Signatu                       | re:                             |

EXHIBIT-<u>14</u>

Case 1:23-cv-01145-LGS Document 7 Filed 03/23/23 Page 190 of 225

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| CITY OF NEW YORK - DEPARTMENT OF COR         | RECTION        |
|----------------------------------------------|----------------|
| OFFICE OF CONSTITUENT AND GRIEVANCE SERVICES | Form.: 7101R-A |



Eff.:9/14/18 INMATE STATEMENT FORM Ref.: Dir. 3376R-A NYSID #: Inmate's Name: Book & Case #: Facility: Housing Area: All grievances must be submitted within ten business days after the incident occurred, unless it's a sexual abuse or harassment allegation. The inmate filing the grievance must personally prepare this statement. Upon collection by the Office of Constituent and Grievance Services (OCGS) staff, OCGS staff will time-stamp and issue it a grievance reference number. OCGS staff shall provide the inmate with a copy of this form as a record of receipt. Grievance: Who Action Requested by Inmate: 27 Please read below and check the correct box: Do you agree to have your statement edited for clarification by OCGS staff? Do you need the OCGS staff to write the grievance for you? Have you filed this grievance with a court or other agency? Did you require the assistance of an interpreter? Yes 🗀 No IN Date of Signature: Inmate's Signature: FOR DOC OFFICE USE ONLY OCGS MUST PROVIDE A COPY OF THIS FORM TO THE INMATE AS A RECORD OF RECEIPT. THIS FORM IS INVALID UNLESS SIGNED BY THE INMATE AND GRIEVANCE COORDINATOR Category: TIME STAMP Grievance Reference # Lurn by Gricuana Office of Constituent and Grievances Services Coordinator/Officer Signature:

EXHIBIT-<u>15</u>



#### ATTACHMENT - C

## CITY OF NEW YORK - DEPARTMENT OF CORRECTION

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### OFFICE OF CONSTITUENT AND GRIEVANCE SERVICES

Form.: 7102R

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| POSITION | FORM | Societi (in projection) | rick) naznadi koruntar Adalimba, mestati |    | Ref.: Dir. 3 | 376R |
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Case 1:23-cv-01145-LGS Document 7 Filed 03/23/23 Page 193 of 225 ATTACHMENT -B-1



# CITY OF NEW YORK - DEPARTMENT OF CORRECTION



| OFFICE OF CONS                                                           | TITUENT AND GRIEVANCE INMATE STATEMENT FORM                                                                                                                                | SERVICES                                     | Form.: 7101R-A<br>Eff.:9/14/18<br>Ref.: Dir. 3376R-A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |           |
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| acility: WF                                                              | Housing Area: 6 Sprung                                                                                                                                                     | Date of Incident:                            | Date Submi                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | tted:     |
| arassment allegation. The inmate fil f Constituent and Grievance Service | hin ten business days after the incident<br>ing the grievance must personally prep<br>es (OCGS) staff, OCGS staff will time-s<br>with a copy of this form as a record of r | pare this statement.<br>Stamp and issue it a | Upon collection by t                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | he Office |
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| o you agree to have your statement o                                     | edited for clarification by OCGS staff?                                                                                                                                    | Yes No                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |           |
| you need the OCGS staff to write th                                      | e grievance for you?                                                                                                                                                       | Yes No                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |           |
| ave you filed this grievance with a co                                   | urt or other agency?                                                                                                                                                       | Yes No                                       | B                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |           |
| id you require the assistance of an in                                   | terpreter?                                                                                                                                                                 | Yes No                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |           |
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| Offi                                                                     | ice of Constituent and Grisvances Service Hell                                                                                                                             | ces Coordinator/Off                          | legory:<br>ACG (CG I CC<br>licer Signature:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |           |

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|   | 1      | Case 1:23-cv | -01145-LGS        | Document 7    | Filed 03/23/23       | Page 1 |
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CITY OF NEW YORK - DEPARTMENT OF CORRECTION
OFFICE OF CONSTITUENT AND GRIEVANCE SERVICES
Form.: 7101R-A
Eff::9/14/18



|                                                       | INMATE STATEMENT FORM Ref.: Di                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | . 3376R-A                                                                               |
|-------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|
| Inmate's Name:                                        | Man Reyes Book & Case #: 4411-804-847                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 1YSID#:<br>11638139L                                                                    |
| Facility: GRVC.                                       | Housing Area: Date of Incident: 1-8-23 Hovew 1-16                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Date Submitted:<br>1-20-23                                                              |
| harassment allegation. The of Constituent and Grievan | bmitted within ten business days after the incident occurred, unless it's a sex<br>e inmate filing the grievance must personally prepare this statement. Upon on<br>the Services (OCGS) staff, OCGS staff will time-stamp and issue it a grievar<br>the inmate with a copy of this form as a record of receipt.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | ollection by the Office                                                                 |
| OFFicers C<br>Norman Ca<br>1-16-23                    | I was in West Facility I was a righte to Greivance By The aptains, and Deputy warden Mill offins staff of (WF) From 1-3-2: AS OF NOW I Am in IA GR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | esina<br>esina<br>esina<br>er &<br>er &<br>er &<br>er &<br>er &<br>er &<br>er &<br>er & |
| Action Requested by Inm  Ma Staff                     | Trievance Service:  Tate: Copys x2 and +0 Triform  Considerat also                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Who this                                                                                |
| Please read below and ch                              | neck the correct box:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 27                                                                                      |
| Do you need the OCGS staff                            | statement edited for clarification by OCGS staff?  Yes No The No The with a court or other agency?  Yes No The No |                                                                                         |
| Inmate's Signature:                                   | Date of S                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Signature:<br>1-20-23                                                                   |
|                                                       | FOR DOC OFFICE USE ONLY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                         |
| ocgs i                                                | MUST PROVIDE A COPY OF THIS FORM TO THE INMATE AS A RECORD OF R                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | ECEIPT.                                                                                 |
| THIS FOR                                              | RM IS INVALID UNLESS SIGNED BY THE INMATE AND GRIEVANCE COORDINATOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                         |
| TIME STAMP                                            | Grievance Reference # Category:  Office of Constituent and Grievances Services Coordinator/Officer Sign                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | RN 6 GRicuina                                                                           |
|                                                       | (1) R/100 # /8010                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                         |

OBCC

On 01-28-2022 @ approx 10:00 pm Plantiff Was
Housed In Intake (sec.) which is unlawful,
Plantiff informed Diffendents ADW Manning,
And Capt palermo #1888, That He Had Been
In the (sec. Intake) for almost 2 weeks, and was
Cold, And wanted to see medical for His Burns
To his sholder and faceal area, so Diffendent
Palermo Saio To Inmate I Dont care
If you cold call 311 stupid... And I
Informed Deprendent ADW Manning #1366, Told
Plantiff that he was not her responsability
and that he gonna have to suffer and sometimes not Eat Because He was A BAD Inmate.

Palememo #1888 To Plantiff to kill himself he DiDint care, apon Plantiff Hanging his-self Instite Cell In Sea Intake. Inmate AKA Plantiff was Forced to Fin for himself and Rip the Not of the Sheet that he used To Hans himself, plantiff wanted to see Mental health But was Denied, and was never given Sick Call. ON THESE DAY Capt and Diffensent

On Or about Jan 22, 2022 in GPVC housing unit 15a Cell 4 at approx 3:00pm defendant TYRONE CARTER intered the plaintiff's cell while he was using the toilet deficating and sat on the plaintiff bed and began engaging in a conversation. Defendant TYRONE CARTER stated to the plaintiff "GAMISTA THE GOT SOMEHURE FOR YOU TO GO, CUZ WE KNOW YOU A SHOOTER". Defendant TYRONE CARTER walked out of the plaintiff cell to return with 7 has odering the plaintiff to pack his clothing and belinggings. Before the plaintiff could start packing GOVC staff rushed into his cell and began pushing and beiking bid while defendant TYRONE CARTER sat and watched (ASSERTING FAILURE TO INTERVENE UMDER 42 U.S.C § 1983)

The plaintiff was assulted and acrried to a RUS and transported to OBCC facility and taken to housing unit 1 WEST and stated to the immates in the housing unit "HERE IS YALL DINNER MOW EAT HIGGERS". The plaintiff attempted to resist but was told that they would use Chemical Agents on him if he didnt wlak into housing unit 1 WEST OBCC.

The door shut and immedialey inmates unknown to the plaintiff began succounding him and yeilding at the 1 WEST unit officer to leave the housing unit formates and left the plaintiff alone to die (DISREGARDING HIS DUTY AS A CORRECTION OFFICER TO PROTECT THE PLAINTIFF FROM DANGER).

The plaintif was chased by the immates of the housint and was burned with 190° hot water robbed of two of his property bags that canadained the majority of his legal work, expense clothing, glasses, etc and QURAN.

The plaintiff was able to run out of the housing unit buyt5 was denied medical care by OBCC DOC OFFICIALS stating that defendant TYROGE CARTER gave them orders not to and for the plaintiff to be placed in SEC INTAKE area of the facility.

True to their orders the plaintiff was housed in the SEG INTAKE for 2½ weks wheil being in desprite need of medical care from the dates of JAN 25, 2022 - Jan 28, 2022 the plaintif was not fed any food by ONCO DOC STAFF and the cell that he was held in SEG INTAKE inside of did not have any heat, with an opened inoperable cell window that allowed all of the winter Januarary air to entereed the cell that the plaintiiff was inside of without a mat, blanket, or sheet to cover himself with.

CAUSE OF ACTIONS FOR THIS COMPLAINT

I ATTACHED THESE DOCUMENTS TO SUPPORT MY ARGUEMENTS. THESE ARE SIMULAR CASES THAT HAVE ALREADY BEEN RULED ON IN FAVOR OF OTHER PLANTIFFS AS YOU WILL SEE .... STATING VIOLATIONS OF DIFFERENT AMENDMENTS, HARRASSMENT, VIOLATIONS OF MINIMUM STANDARDS.

ALSO DELIBERATE INDIFFERENCES, SUCH AS RETALIATION VIRBAL ASSULTS, AND MORE.... THERE ARE ALSO THINGS THAT TALK ABOUT VIOLATIONS TO THE EIGHH AMENDMENT STEMMING FROM CONDITIONS OF CONFINEMENT.

DEQUAN REYES

# AS AND FOR A FIRST GAUSE OF ACTION FOR VIOLATION OF PLAINTIFF FREEDOM OF RELIGION GLUASE

Plaintiff (DEQUAN REYES), repeats, reiterates and reallages each paragraph of this complaint and further allages:

Defendants did engage in a conduct that placed a SUBSTANTIAL BURDER on the plaintiff ability to practice his Religion and that said conduct was not tied ato any legetimate penoligical government intrest.

And that the defendants burden was tied to retalaition against the plaintiff in a fashion that is problem by both STATE and FEDERAL LAWS.

As a result of the conduct whihe was the direct and proximate chase of the plaintiff injures the plaintiff suffered pain and suffering in an irreparable manner along with Emotional and spiritual damage.

# AS AND FOR A CAUSE OF ACTION IN SECOND FOR RETALAUTION PURSURAT TO 42 U.S.C. § 1983

Plaintiff DeQuAN, Reyes repeats, ceiterates and realleges each paragraph of this complaint and further allges:

The Defendant named becein did knowledly and willingly engage in a conduct that constitues (RETALIATION) against the plaintiff for exercising his FIRST AMENDARMY rights of grieving and petitioning of the government and/or a coporation.

And that such conduct can also constitue a violation of civil rights pursuant to 42 U.S.G. § 1985 as well.

As a result the defendants action was the direct and proximate chase of the plaintiff's pain and suffering of irrepairable damage.

# AS AND FOR A THIRD CAUSE OF ACTION DEPRIVATION OF FEDERAL CIVIL RIGHTS UNDER 42 U.S.C. § 1983

Plaintiff DeQUAN, Reyes, repeats, reiterates and coallges each and every paragraph of this complaint and further allges:

The defendants named becein this complaintactions were caried out under color of state law.

All of the aformentioned acts deprived Plaintiff DeQuAN, Reves, of the the cights and privilages and immunities guranteed to the citizens of the UNITED STATES by the FIRST, FOURTH, ERICT and FOURTHTEENTH Amendments to the Goustitution of the United States of America, in violation of 42 U.SA.G. § 1983 AND 42 U.S.C. § 1985.

# AS AND FOR A FOURTH CAUSE OF MACTION FOR VIOLATION OF DUE PROCESS RIGHTS OF THE FOURTHEITS AND USET

Plaintiff, Deputy, Reves, repeats, reiterates and realinged assist paragraph of this complaint and further ollages:

The defendants Named because cestricted the plaintiff from (1) bour mandatory recration pursuant to a justice order without "MOTIGE" provided to the plaintiff or a bearing tied to a mishebavior /infraction where it was confuded that the plaintiff would be restricted from recreation because of an act of mishebavior conduct committed by the plaintiff.

Notification is the borner atome of the Fourtenath Amendement which states that no one shall be deprived or robbed of liberty without first being notified of the reason and cause of said deprivation.

And that definedants denied the plaintiff due process rights in the form of restrictions placed on his religious practice and religious distacy without MOTTOR and HEARTNG supporting such restriction and allowing the plaintiff approximately to present evidence in favor of why said contriction should not be implemented.

# AS AND FOR A STUTH CAUSE OF ACTION FOR VIOLATION OF ROUAL PROTECTION GLAUSE

Plaintiff, DeQuan, Reyes, capeats, reiterates and coallages each paragraph of this complaint and further allges:

The plaintiff is a Court Ordered Lookdown immake pursuant to a Justice order and that the defendants CTTY by way of New York City Department of Correction housed other immake with the same classification of Court Order Lockdown in a seprate manner as they do the plaintiff.

And that the plaintif was housed at the UEST FACTLITY jail and that Television, shower and bathcoom was in the cell with plaintiff and that plaintiff was moved without reason but other innates on the same status was left.

The bousing unit that the plaintif fix current held in is exectly like SUU/BOX that was stoopped by DOC over a year ago and is solitary confinenced like. The plaintiff does not have a TV in CELL, the plaintiff is decide SHower daily the plaintiff is decide cecreation and placed on restriction that were not listed in Court Order nor that he was under at TEST facility.

Under the Equal Protection Caluse statue each inmate holding the same classification should be treated equally and that the plaintiff is not treated equally.

# AS AND FOR A SIXTH GAUSE OF ACTION EIGHTS ASSENDED VIOLATION PURSUANT TO 42 U.S.C § 1903

Plaintiff Dequan REYES repeats, reiterates and realizes each paragraph of this complaint and further aliges:

The the defendants named berein did enagged in a act that was careles and ceckless constituting COUEL and UNUSAL conduct inflicting bere and damage upon the plaintiff without cause for.

The plaintiff Dequan REWES was assulted, was attacjed, was placed in housing areas with the understanding that harm would come to him all by the defendants named becein of servants, agents and employees of the defendant CTTY mentioned became.

And that said conduct did cuase the plaintiff physical pain leaving physical scars and burns that will stay with plaintiff the rest of his life time.

# AS AND FOR A SEVENTH CAUSE OF ACTION FOR

Plaintiff DECAUM REYES repeats, reiterates and realleges each paragraph of this complaint an further allegs:

The that defendant CTTY, JOHRLL, SHIVRAJ, LISA MARNOY, JOANNE MATOR, TIF TITERANY MOTALES, JEAN CHEER, MARDER COST, created, endoced and implemented a policy, practice, procedure, usage or rule of defendant CTTY that violated the plaintiff DUR PROCESS Rights in being ERS (Enhance Restauint ) while during his (1) hour recreation period and that Prohibited the plaintiff from being able to reciev medical care in accordance with state, city and federal law as well as that placed a Substaintail Burdan on the plaintiff religious rights in regards to religious text and that policy seem hardin as EXCOUTT-S prohibited the plaintiff from posession of a QURAN whereas the plaintiff is a MUSCIN and not a christein, and that said policy promotes, favor once religion over the next something that is prohibited by the constitution of America.

And that the defendants CITY and JEAN RENEE was placed on notice that such a policy did violate the rights of GRVC court ordered lockdown insules back in AUGUST 5, 2022 whee Magstarte Judge Matherine Parker issued a roling on the matters of ALEXANDER WILLIAMS JR V. CITY OF MEN YOUNGET

AL, 21-cv-1083 (pgg)(hhp), JOHNARHT ANDURK V. CITY OF NEW YORK BT 16,

2 GARRIEL FLORES V. CITY OF MET YORK BY 16, THIS displays the defendants
maked herein discagards for the laws of the state of new york City of New
york as well as the laws of the United States of America.

# AS AND FOR A RIGHTH CAUSE OF ACTION FOR DELIBERATE INDITERRIBLE TO PLATFIFF HEDICAL

Plaintiff **DEQUAN** REYAS repeats, releterses and reallegs each paragraph of thei complaint and further allegs:

The defendant were deliberate indifferent to the plaintiff medical needs on more than one occassion.

That the defendants did so 'mowing and willfully in attempt to chara plaintiff damage, hack or otherwise deprive plaintiff of medical sace while violates GTTY, States and FEDERAL statues.

And that as a result of defendants conduct the plaintiff suffered demages pain to the degree that such injuries are irrepairable in assure.

### TRIJET SOUGHT:

THEREFORE plaintiff DROADH REVES demands judgement against defendants assed herein jointly and severally, in the amount of One Million Dollars (\$1,000,000) in compensatory damages and Four Million Dollars (\$4,000,000) in punitive damages, plus reasonable filing fees, cost and disbacatment of this action.

DATED: EAST ELUHURST MY JAN 30, 2023

DROAUM PRYES PRO-SR COMMINTENTS

00-00 MAZER STREET MAST REMBURST MED YORK 11270 ON or about JULY 16, 2021 the plaintiff requested medical care in regards to his finger and right hand still being injured from the incidnet with defendant (JOHN DOE/ OFFICER) where his pointer finger was injured. Plaintiff filed a grievance on this matter **br**ing the attention to defendant WARDE JEAN RENEE and never was given medical care. See **EXHIBIT-** .

while in GRVC custody on or about Oct 11, 2022 the plaintif was given a scaple by defendant PRESTON RITTER. later on that day when the plaintiff cell door open he looked up and saw defendant PRESTON RITTER who was telling him to swallow the scapple, sweallow the scalple. The plaintiff did as he was orderd and instantly felt pain in his throat and chest and began screaming that he needed immedtaley emergency medical attention. The pain from following defendant PRESTON RITTER's order were compounded by the incident from OCT 11, 2022 where the plaintif was cut and assualted by unknown inmates who he belives SECUIRTY TEAM at GRVC sent because oif the fact that inmates screamed such when assualting him.

On OCT 10, 2022 the plaintif was assulted by inmates he did know and was cut durring the assult, while inmates were cuting him the plaintif heard "SECUIRTY SENT THIS" right before he was cut. after being cut correction officer used an illegal and custom polciy, practice, or usgae of defendant CITY and dead locked the plaintiff in his cell without medical attention for close to two days.

The plaintiff informed numeorus officer's and capatyins that he was in serve pain and bleeding and needed emergency medical attention. The plaintiff was unable to obtain the names of these officers beside the one security officer who he was familiar with CO McNIEL who is named as a defendant herein, along with a defendant CHARLTUN LEMON who both denied the plaintiff medical stating to the plaintiff "NOW YOU GOT A TASTE OF YOUR OWN MEDICINE".

On Jan 28, 2023 the plaintiff fell inside of his cell when attemopting toi stand and injured his head and his elbow due to not being able to posess his cane that he was issued by DOC mnedical staff inside of his cell by various DOC officions who enforced another custom, policy, usage of at the housing unit (1A)

After two days of waiting the plaintiff informed the doctors that he would rather the surgey due to the degree of constant pain he was in, but doctors informed plaintiff that defendant's GITY by way of DOC had ordered that the plaintiff be sent back to the facility GRVC as oon as possible interfering with the plaintiff medical needs and medical care without any legitimate penological reason for such interuption.

The plaintiff was ent back to GRVC where he immedately notified every nurse and doctor and JOHN DOE OFFICER wooking his housing unit that he was in serve pain was bleeding when urinating and deficating and need medical care, whihe was all denied to him for reason that were not given but understood as being in retalaition by plaintiff for his civil litigation against defendant DOC and defendat CITY by way of DOC OFFICIALS.

This occured even though the pain was obvious wheras medcial staff needed to assit the plaintiff with walking to get on the elevator at the hospital and with the plaintiff informing medcial staff and DOC officials that he could physically feel the blade moving around insuide of his stomach area of his body.

The plaintif fhad never cleared the chest and stomach X-ray machines and should have never been dischaged back to GRVC facility. For apporxamately 3-6 weks after this the plaintiff would see blood everytime that he urinated and whiped his return area after defication and when notifying medical and correctional personnel would be denied medical care that was adquite to care for the plaintiff obvious medical needs at the moment.

The plaintiff was never sent back to the hospital for further treatment due to defendant's CITY by way of DOC employee interupting with the plaintiff's medical needs out of retalaition for exercising his FIRST AMEDMENT RIGHTS and numerous lawsuits against defendant CITY from civil layyer who named high and low ranking DOC OFFICAILS for various conduct alike of that named herein this complaint.

During this timne period after returning to GRVC facility defendant McNIEL saw the plaintiff and stated to him "I DONT LIKE YOU AND I WANT YOU DEAD ".

Upon returning from the hospital the plaintiff became aware that officeers had allowed inmates into his cell to take his belonggings and property. ON OCT 13HH 2022 by the same officer that has allowed the same of the s

Upon returning the plaintiff iemendatley began having nightmaces flash and backs on being left in the cell on deadlock without getting fed for days (2) while bleeding and hearing all of the inmate yeild to the plaintif that he was a stitch because he was eeking medical care and cameras would be puuled and reviewed showing who had assualted him.

The plaintiff recalled and failed tox state earlier herein that while being on dead look that he was sprayed with a fire exstinughser by officers acting like they were putting a fire out in his cell whihe was really retalaitio out of plaintiff constant yeilding for caopatins and deputy wardens assistance to bring light to him being cut.

The plaintiff was also cleaned up and informed that he needed stiches, but was glued up in his wounds and wrapped with a plastic like matter, and informed that DOC staff ordered medical to do such in that manner to cover up the fact that the plaintiff was cut, because they wanted to keep cutting incidents low due to federal mobitoring system.

In early NOVEMBER of 2021 the plaintiff was told by GRVC security staff officers unknown but defendant PRESTON RITTER and McNIEL were present JEAN and stated with them that defendant RENEE and them togther reached the decison that plaintiff would no longer have contact visition while in DOC cudstody.

On times when the plaintiff did have visits after that defendants CAPATIN Le FLUER who was in charged of visits at GRVC and visiting correction officer defendant ADAMS, denied the plaintiff visitation rights and placed him in booth non-contact visitation without informing him why other than both constantly stating to him (1) I was ORDERED BY WARDEN RENEE TO DO SUCH (2) I DO NOT LIKE YOU ANYWAY RAT.

THE BLAINTIFF WOULD LIKE TO NOTE: (HE) WAS NEVER GIVEN NOTIFICATION

AS TO WHY HIS VISITITATION (WAS) DENIED ( WHICH IS STANDARD DUE PROCESS PROCEDURE)

BEFORE SUCH DENIAL BY LAW.

On March 13, 2020 plaintiff property was seized from him by ESU staff unknown named as defendants herein while being transfered to GRVG. GRVC officer in the inatke took part in this seizure without notificiation of why stating that the plaintiff had a record of assulting other inmates and they were going to break him and show him about GRVC.

On or about NOV 21, 2022 the plaintiff filed a grievance complaint in regards to the FIRST AMENDMENT VIOLATION on his visitation to properly memoralize the fact as seen herein EXHIBIT- 7.

In or around OCTOBER 2022 the plaintif was rehoused in Courtorder lookdown hosuing unit by GRVC. Before leaving intake to got to hatswaxhousing unit 2a the plaintiff's KORAN was seized without reason other than being informed that COURT order LOCKDOWN inamte are nopt allowed to posess any other religious material outside of a christain bible. The plaintiff later was informed that this was pursuant to CLO 13/21 as seen in EXHLOLT- thus plaintiff naming the correctional personnel involve with the creation of such command level orders as defendant herein this complaint for violation of various Constitutional RIGHTS.

While housed in hosuing unit 2a tyhe plaintiff has never been afforded HALAH meal in pursuant to his religious MUSLIM dietary whihe the plaintiff has ben a person that practice the muslim religion since before being in DOC Custody and this fact is documented with DOC Officials as such.

Form the date of being housed in unit 2a in or around Oct 2022 to DEC 2, 2022 the plaintiff was subjected to being left in ERS (ENHANCE RESTRAAINT SET UP) while in side of a cage during his (1) hour recartion period pursuant to CLO 13/21 violating the plaintiff rights of Due Process wheras the courts have long established that presioners has right to exercise while doing recration time.

On or about Nov 16, 2022 the plaintiff and other inamtes alike were ordered by security staff from GRVC in the housing unit 2a to get naked for a facility search. The plaintiff did as he was ordered and a search was conduted and no contraband was discovered.

security team left the housing unit after search all inmates and returned 30 minutes later where they rauhed straint to the plaintiff cell without a capatyin, body camera on even though they had body cameras on there we DOC UNIFORMS.

Defendant PRESTON RITTER sheild no 7994 and defendant KEVIN YOUNG sheild no 12258 of GRVC security team ordered the housing unit officer to open my cell even though officer requested that a capoatin be present before doing so as hosuing unit policy states the plaintiff cell door was opped and defendant RITTER & YOUNG forced themselves into plaintiff cell garbbed the plaintiff shoving him to the wall forcifully, then slamming plaintiff on metal bed frame (WHILE SECURRY OFFICER ANDREW HICKSON YELLO DO NOT HURT HIM) in background.

While this assult by DOC staff was taking place both defendants RITTER

% YOUNG was screamming at the plaintiff to tell your man next door to drop
his law suits on CAPTAIN MATHIS. The plaintiff responded by informing Defendants

● PLANTIFF HERE COMPLAINS, THAT DEFFENDENT BRANCIE IN(GRVC) unit (1a) has been tormenting with the lights in his cell which in thes specific housing area ,inmates can not controle there own lights because this is a unlawful punitive setting, deffendent brancie told plantiff on many dates listed herein that she can do what she likes with the house lights ,just like plantiff can with his lawsuits agents her, plantiff wares vision glasses from a damaged eye socket issue, so plantiff asked the deffendent not to blink the lights on and off it hirts his eyes (and) it MAKES PLANTIFFS HEAD HURT, DEFFENDENTS SAID SHE DID NOT CARE AND WOULD TURN THE LIGHTS ON IN THE WHOLE HOUSE, JUST TO PLANTIFF UP AT 5 or 6 am when she clocks in, these such things would happen on or about january 31st, 2-7-23, feb 8, 18, 21, march 11,12,1,5,6, 20...april \_\_\_\_,\_\_,all(2023). plantiff even grieved this issue 2 different times, these such actions has gave plantiff headaches, he even see flashes in his eyes threwout the day ... plantiff feels that all the deffendents are trying to kill him and or make his life a living hell, plantiff is now on suicide watch because he started to feel suicidal and scared again !his suicide watches ended he was highly depressed, also he wants to see his family but his visitations are being violated rights plantiff wants therapy for the rest of his life . So that Plantiff Can prevent from really killing himself!

ON THIS DAY OF \$ 3/13/23 at aprox (9:30) am captain taylor came to plantiff with a incedent report sheet and told plantiff to write about the incedent with deffendent bros spitting in plantiffs food on said date in 1A, so plantiff did so and plantiff is also scared to eat anything at this time ... he is feeling sucidal and will soon kill himself plantiff would also like for the statement sheet that was filled out on the yard (recreation yard ) to also be pulled with all other discovery in this case, plantiff is scared to report this issue again, because he feels that deffendent mc neal, and bros will retaleate agents plantiff!!

Pplantiff is on sucide watch and wont eat anything, untiill Pplantiff feels safe, plantiff cant sleep at night because he has seriouse stumic pains, also suffers from head aches from deffendent brancie torturing phantigf with the lights, and also from being so hungry!

PLANTIFF ALSO STATES HEREIN THAT ON THE ON OR ABOUT DATES OF MAY 18th 2021 in 13a housing area, were plantiff was assulted and treated with

intentional EXSESSIVE FORCE , BY DEFFENDENT WINOSKI , PLANTIFFS HANDS WERE BLEEDING ON CANRA AND ASKING FOR MEDICAL ATTENTION FOR OVER 3 hours plantiffs told the doctor (john doe) that he felt that 2 of his fingers were broken and or seriously damaged on the gentec you will see doctor, then telling plantiff that he wanted to go home (jon doe) doctor was deliberatly deniying plantiff adiquet medical care , plantiff also feels that he should have been called for another apointment, and that he should have been seen by a x-ray doctor! plantiff still feels pain to his left hand ring finger now which is about 20 monthes latter see exibit 6



# CITY OF NEW YORK - DEPARTMENT OF CORRECTION



| rate's Name:                                                 | INMATE STATEMENT FO                                                                                                                                                   | Ł:                                                                | Dir. 3376R-A<br>NYSID:#:         |
|--------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|----------------------------------|
| Decev                                                        | an Reyes                                                                                                                                                              | 4411804847                                                        |                                  |
| GRVC                                                         | Housing Area 23 A                                                                                                                                                     | Date of Incident: 1704-18-2                                       | Date Submitted: 2 - 24 - 22      |
| assment allegation. The inma<br>Constituent and Grievance Se | d within ten business days after the in<br>ate filing the grievance must personal<br>ervices (OCGS) staff, OC GS staff will<br>nate with a copy of this form as a rec | lly prepare this statement. Upo<br>time-stamp and issue it a grie | n collection by the Office       |
| levance: MU 1er                                              | It hand has                                                                                                                                                           | Been Hurt                                                         | no me ven                        |
| BAD I B                                                      | elieve I tour                                                                                                                                                         | - a tendent                                                       | in my                            |
| Left Hams                                                    |                                                                                                                                                                       | and als                                                           | O Right                          |
| Fland Pointe                                                 | Finger. Hu                                                                                                                                                            | ints very 1                                                       | ruch Tour                        |
| Dent With                                                    | officer Win                                                                                                                                                           | rom May                                                           | 1846 INC                         |
| GRVC                                                         |                                                                                                                                                                       |                                                                   |                                  |
|                                                              |                                                                                                                                                                       |                                                                   |                                  |
| ction Requested by Inmate                                    | I NEED MED                                                                                                                                                            | ical atten                                                        | tion                             |
|                                                              |                                                                                                                                                                       |                                                                   |                                  |
| Please read below and chec                                   | k the correct box:                                                                                                                                                    |                                                                   |                                  |
|                                                              | ement edited for clarification by OCG                                                                                                                                 | S staff? Yes No [                                                 |                                  |
| o you need the OCGS staff to                                 |                                                                                                                                                                       | Yes 🕡 No                                                          | 3                                |
| Have you filed this grievance v                              |                                                                                                                                                                       | Yes No                                                            |                                  |
| Did you require the assistance                               | of an interpreter?                                                                                                                                                    | Yes No                                                            |                                  |
| nmate's Signature:                                           |                                                                                                                                                                       |                                                                   | ite of Signature:<br>2 - 2 4 - 2 |
|                                                              | FOR DOC OFFI                                                                                                                                                          | CE USE ONLY                                                       |                                  |
|                                                              | UST PROVIDE A COPY OF THEIS FORM                                                                                                                                      |                                                                   |                                  |
|                                                              |                                                                                                                                                                       |                                                                   | agory:                           |
| TIME STAMP                                                   | Grievance Reference #                                                                                                                                                 |                                                                   | -97-                             |



Case 1:23-cv-01145-LGS DoATTAGHMENFH6d 03/23/23 Page 217 of 225







### OFFICE OF CONSTITUENT AND GRIEVANCE SERVICES

Form.: 7102R Eff.: 8/23/19

Ref.: Dir. 3376R-A **DISPOSITION FORM** 

| Dioi Con i                                                                                                                                                                                                                     | OR I ORWI                                                                                  |                                     |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|-------------------------------------|
| Grievance Reference #610820                                                                                                                                                                                                    | Date Filed: 12/16/22                                                                       | Facility: West Facility             |
| Inmate Name: Reyes Dequan                                                                                                                                                                                                      | Book and Case#: 4411804847                                                                 | Category: Medical                   |
| From OCGS Inmate Statement Form, print or type s                                                                                                                                                                               | hort description of grievance:                                                             |                                     |
| I need medical, and sick call every week at least for r                                                                                                                                                                        | my body pains and head trauma!                                                             |                                     |
|                                                                                                                                                                                                                                |                                                                                            | ,                                   |
|                                                                                                                                                                                                                                |                                                                                            |                                     |
|                                                                                                                                                                                                                                |                                                                                            |                                     |
|                                                                                                                                                                                                                                | ,                                                                                          |                                     |
| Action Requested by Inmate:                                                                                                                                                                                                    |                                                                                            |                                     |
|                                                                                                                                                                                                                                | and the desired                                                                            |                                     |
| I want the warden to know copy's and medical to be                                                                                                                                                                             | enotified                                                                                  |                                     |
|                                                                                                                                                                                                                                |                                                                                            |                                     |
| O STEP 1                                                                                                                                                                                                                       | : FORMAL RESOLUTION                                                                        |                                     |
| Check one box: ☐ Submission                                                                                                                                                                                                    | is not subjected to the Grievance Proce                                                    | ess                                 |
| The Office Of Constituent and Grievance Services propose<br>Alternatively, OCGS staff shall provide an explanation for<br>Grievances not subject to the Grievance Process cannot be                                            | why the submission is not subject to the OC                                                |                                     |
| OCGS staff would like to inform grievant that your red                                                                                                                                                                         | quested action would be forwarded to m                                                     | nedical for review.                 |
|                                                                                                                                                                                                                                |                                                                                            |                                     |
|                                                                                                                                                                                                                                |                                                                                            |                                     |
|                                                                                                                                                                                                                                | BELOW AND PROVIDE YOUR SIGNA                                                               |                                     |
| ☐ Yes, I accept the resolution ☐ No ☐ I reques                                                                                                                                                                                 | our right to appeal the proposed resolution<br>It to appeal the resolution of this grievan |                                     |
| Note: If you appeal, the grievance staff can request for a preliminary based review Commanding Officer. You will receive the outcome of this review within (3) busine not subject to the Grievance Process cannot be appealed. | if they feel the complaint was thoroughly investigated and ad                              | dressed, prior to forwarding to the |
| Inmate's Signature:                                                                                                                                                                                                            | Date: 12.                                                                                  | 20/22                               |
| Pr                                                                                                                                                                                                                             | reliminary Review Requested                                                                |                                     |
| Grievance Coordinator/Officer Signature:                                                                                                                                                                                       | Date: 12   20                                                                              | 22                                  |





# CORRECTION DEPARTMENT CITY OF NEW YORK

ATTACHMENT A

### REPORT AND NOTICE OF INFRACTION

Form: 6500A Rev. : 08/04/15 Ref. : Dir. #6500R

| STORY.                                                                                                                                                                                            | KE                                                                                                                                                                                                                                              | PORT AND IN                                                                                                                                                                             | Office OF                                                                                                                                                            | INCHAC                                                                                                     | FION                                                                                                                                                                                                                                       | Ref. : Dir. #6500R-C                                                            |                                                                                                                           |                                                                                                                                |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|
| Infraction #:                                                                                                                                                                                     | Institution                                                                                                                                                                                                                                     | on: OBCC                                                                                                                                                                                | Date of 1/29                                                                                                                                                         | /21                                                                                                        | Time Infraction 1700                                                                                                                                                                                                                       |                                                                                 | Date of 1/29/21<br>Report:                                                                                                |                                                                                                                                |
| Inmate Name (Last                                                                                                                                                                                 |                                                                                                                                                                                                                                                 |                                                                                                                                                                                         |                                                                                                                                                                      | B&C/<br>Sentence #                                                                                         | 441-18-04847                                                                                                                                                                                                                               |                                                                                 | NYSID #: 116                                                                                                              | 38139L                                                                                                                         |
| Location of Incident                                                                                                                                                                              | (Be Specific): 1W                                                                                                                                                                                                                               | est                                                                                                                                                                                     |                                                                                                                                                                      | Housing Area 1 West Approximate Time of Incident: 1310                                                     |                                                                                                                                                                                                                                            |                                                                                 |                                                                                                                           |                                                                                                                                |
| Charge #                                                                                                                                                                                          |                                                                                                                                                                                                                                                 | Offe                                                                                                                                                                                    | ense                                                                                                                                                                 | Charge #                                                                                                   |                                                                                                                                                                                                                                            | · · · · · · ·                                                                   |                                                                                                                           | Offense                                                                                                                        |
| 101.13                                                                                                                                                                                            |                                                                                                                                                                                                                                                 | Assault and                                                                                                                                                                             |                                                                                                                                                                      |                                                                                                            |                                                                                                                                                                                                                                            | ,                                                                               |                                                                                                                           |                                                                                                                                |
| 120.10                                                                                                                                                                                            |                                                                                                                                                                                                                                                 | Refusal to obe                                                                                                                                                                          | y a direct order                                                                                                                                                     |                                                                                                            |                                                                                                                                                                                                                                            |                                                                                 |                                                                                                                           |                                                                                                                                |
| ako                                                                                                                                                                                               |                                                                                                                                                                                                                                                 |                                                                                                                                                                                         |                                                                                                                                                                      |                                                                                                            |                                                                                                                                                                                                                                            |                                                                                 |                                                                                                                           |                                                                                                                                |
|                                                                                                                                                                                                   | Print Name, Rank an                                                                                                                                                                                                                             | 0 4313                                                                                                                                                                                  |                                                                                                                                                                      |                                                                                                            | Official (Signature):                                                                                                                                                                                                                      |                                                                                 |                                                                                                                           |                                                                                                                                |
| On Friday, Janu conducting the i "He hit me ", "He ciosed fist puncl #141-20-02090 fight and began closed fist puncl two second burs agent which did affect terminatin                            | ary 29,2021, I CO<br>nstitutional lock ou<br>e hit me" referring<br>hes towards each<br>/00685327L, Frias<br>fighting inmate Re<br>hes towards inmat<br>st of chemical agei<br>not take the desire<br>g the incident. Inm                       | ut near cell #2 and a<br>to inmate Reyes D<br>other facial area du<br>s Alberto B/C #241-<br>eyes. Inmate Reyes<br>te Reyes. Several d<br>nt which did not tak<br>ed affect. This write | igned to 1 West #3. When inmat laquan B/C #44 ue to inmate Re -20-00728/1257 s ran to back of direct orders wa te the desired a ser deployed a se cured in the three | te Wade D<br>1-18-0484<br>yes cutting<br>8898Q, an<br>the housin<br>s given to<br>ffect. CO<br>econd (1) t | by the 0500 X 1331 too<br>lylon Monte B/C #349-<br>7/11638139L. and botl<br>g inmate Wade. Inmate<br>and Turay Hassan B/C #<br>ang area and they all con<br>stop fighting and they<br>Roy #12005 deployed<br>two second burst of challers. | 20-0044<br>h inmates Jone<br>#541-19<br>ntinued<br>continu<br>a one t<br>emical | 42/02973973H es began fightir s Terrell B/C -01227/129547 to follow and field. I CO Wilsor wo second burs agent which too | stated this writer<br>ng throwing<br>55R joined in the<br>ght throwing<br>n deployed a one<br>st of chemical<br>ok the desired |
|                                                                                                                                                                                                   |                                                                                                                                                                                                                                                 |                                                                                                                                                                                         | . **                                                                                                                                                                 |                                                                                                            |                                                                                                                                                                                                                                            |                                                                                 |                                                                                                                           |                                                                                                                                |
|                                                                                                                                                                                                   |                                                                                                                                                                                                                                                 | •                                                                                                                                                                                       |                                                                                                                                                                      |                                                                                                            |                                                                                                                                                                                                                                            | 3.5.4                                                                           |                                                                                                                           |                                                                                                                                |
|                                                                                                                                                                                                   |                                                                                                                                                                                                                                                 |                                                                                                                                                                                         |                                                                                                                                                                      | ٠,                                                                                                         |                                                                                                                                                                                                                                            | Age 1                                                                           | ,                                                                                                                         |                                                                                                                                |
| because you are tra<br>period is automatica<br>Inmate). Commend<br>At your hearing you<br>1. Right to ap<br>2. Right to ma<br>be used in<br>3. Right to pro<br>4. Right to pro<br>5. Right to the | Insferred to another ally extended by one mement of a hearing at have the following repear personally, unleake statements. If you a subsequent criminal esent material evider esent witnesses. The assistance of a Hear interpreter if you care | facility and days you (1) business day if you after three (3) busines rights: ess you waive your right ou choose to remain and trial unless you ha                                      | are unavailable dou are transferred so days is at the double to appear, ref silent, your silency been given a f                                                      | ue to your a<br>d to another<br>liscretion of<br>use to atten<br>e cannot be<br>Miranda Wa                 | leave the facility for an a<br>absence from the facility for<br>facility prior to your hearing<br>the Adjudication Captain<br>and the hearing or appear a<br>a used against you. If you<br>rning and then voluntarily                      | or any ping (unie and is nat the hear make a                                    | urpose. The thre ess you are a Pre- ot barred by Dep                                                                      | e (3) business day Hearing Detention artment rules.                                                                            |
| DISPOSITION" form                                                                                                                                                                                 | n informing you of the                                                                                                                                                                                                                          | ition Captain reaching<br>e violation(s) you are<br>n which may be impo                                                                                                                 | found guilty of, th                                                                                                                                                  | ne basis for                                                                                               | receive a copy of the "NC<br>that finding, the evidence<br>nbination:                                                                                                                                                                      | OTICE O<br>relied u                                                             | F DISCIPLINARY pon and the pena                                                                                           | ' HEARING<br>ity to be imposed.                                                                                                |
| 1. Reprimand                                                                                                                                                                                      |                                                                                                                                                                                                                                                 | •                                                                                                                                                                                       |                                                                                                                                                                      |                                                                                                            |                                                                                                                                                                                                                                            | ν                                                                               |                                                                                                                           |                                                                                                                                |
| 2. Loss of priv                                                                                                                                                                                   |                                                                                                                                                                                                                                                 |                                                                                                                                                                                         |                                                                                                                                                                      |                                                                                                            |                                                                                                                                                                                                                                            |                                                                                 |                                                                                                                           |                                                                                                                                |
|                                                                                                                                                                                                   | od time if you are a s                                                                                                                                                                                                                          | sentenced inmate.<br>hirty (30) days per ea                                                                                                                                             | ch applicable indi                                                                                                                                                   | ividual char                                                                                               | ne .                                                                                                                                                                                                                                       |                                                                                 | a <sub>s.</sub>                                                                                                           |                                                                                                                                |
|                                                                                                                                                                                                   |                                                                                                                                                                                                                                                 | naging or destroying (                                                                                                                                                                  | ,                                                                                                                                                                    |                                                                                                            | gC.                                                                                                                                                                                                                                        |                                                                                 |                                                                                                                           |                                                                                                                                |
| A twenty five (\$25)                                                                                                                                                                              | dollar disciplinary su                                                                                                                                                                                                                          |                                                                                                                                                                                         | ed on all inmates                                                                                                                                                    | found guilty<br>Captain.                                                                                   | of a Grade I or Grade II                                                                                                                                                                                                                   | offense.                                                                        |                                                                                                                           |                                                                                                                                |
| Interpreter Request                                                                                                                                                                               |                                                                                                                                                                                                                                                 | Yes (If yes, include                                                                                                                                                                    |                                                                                                                                                                      |                                                                                                            |                                                                                                                                                                                                                                            | V                                                                               | No                                                                                                                        |                                                                                                                                |
| Hearing Facilitator F                                                                                                                                                                             | Requested:                                                                                                                                                                                                                                      | Yes ✓ No                                                                                                                                                                                |                                                                                                                                                                      |                                                                                                            |                                                                                                                                                                                                                                            |                                                                                 |                                                                                                                           |                                                                                                                                |
| Witness(es) Reques                                                                                                                                                                                | sted:                                                                                                                                                                                                                                           |                                                                                                                                                                                         |                                                                                                                                                                      |                                                                                                            | nd Case Number (if inmat<br>ie) or Post (if staff).                                                                                                                                                                                        | te) 🗸                                                                           | No                                                                                                                        |                                                                                                                                |
| Witness (Print Name                                                                                                                                                                               | e):                                                                                                                                                                                                                                             |                                                                                                                                                                                         | B&C Number:                                                                                                                                                          |                                                                                                            |                                                                                                                                                                                                                                            | Lo                                                                              | ocation:                                                                                                                  |                                                                                                                                |
| Witness (Print Name                                                                                                                                                                               | e):                                                                                                                                                                                                                                             |                                                                                                                                                                                         | B&C Number:                                                                                                                                                          |                                                                                                            |                                                                                                                                                                                                                                            | Lo                                                                              | ocation:                                                                                                                  |                                                                                                                                |
| Witness (Print Nam                                                                                                                                                                                | e):                                                                                                                                                                                                                                             |                                                                                                                                                                                         | B&C Number                                                                                                                                                           |                                                                                                            |                                                                                                                                                                                                                                            | Lo                                                                              | ocation:                                                                                                                  |                                                                                                                                |
| Witness (Print Name                                                                                                                                                                               | e):                                                                                                                                                                                                                                             |                                                                                                                                                                                         | Shield/ID Nun                                                                                                                                                        | nber:                                                                                                      |                                                                                                                                                                                                                                            | Po                                                                              | ost:                                                                                                                      |                                                                                                                                |
| I certify that I receive<br>a copy of this notice                                                                                                                                                 |                                                                                                                                                                                                                                                 | nate: Ref                                                                                                                                                                               | used                                                                                                                                                                 |                                                                                                            | Date: 1/30/2                                                                                                                                                                                                                               | 1                                                                               | Time: 12                                                                                                                  | 55                                                                                                                             |
| Served by (Print Na                                                                                                                                                                               | me, Rank and Shield                                                                                                                                                                                                                             | 1#): Capt                                                                                                                                                                               | 1479                                                                                                                                                                 |                                                                                                            | re of Server:                                                                                                                                                                                                                              | le                                                                              | ly .                                                                                                                      |                                                                                                                                |
| Pofused to Sign for                                                                                                                                                                               | Notice!                                                                                                                                                                                                                                         | A Voc                                                                                                                                                                                   | Ma.                                                                                                                                                                  | Mitnoco                                                                                                    | and Dur                                                                                                                                                                                                                                    | 1                                                                               | 1 1 3                                                                                                                     |                                                                                                                                |

Case 1:23-cv-01145-LGS Document 7 Filed 03/23/23 Page 219 of 225 1 West 3



# CORRECTION DEPARTMENT CITY OF NEW YORK



| 100                                                                                                           | · IN-                                                                    | INJURY TO INMATE REPORT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                    |                                                                                                                 |                                                                   |                                                                      | a-D                                      |
|---------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|-----------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|----------------------------------------------------------------------|------------------------------------------|
|                                                                                                               | ONS: One copy to Cli                                                     | nic Lock Box, One Co                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | py to Inmate                       | Medical File and Orio                                                                                           | inal with co                                                      | mpleted Investiga                                                    | ation to Security.                       |
| Command: #                                                                                                    | aptain                                                                   | Date:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 1-31-21                            | COD/UOF #:                                                                                                      |                                                                   | Injury #:                                                            |                                          |
| TO BE COMPLETI                                                                                                | ED BY EMPLOYEE (P                                                        | LEASE PRINT CLEAR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | LY).                               |                                                                                                                 |                                                                   |                                                                      |                                          |
| Inmate Name (Las                                                                                              | t Name, First Name):                                                     | 1 de Shi                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | and f                              | Reyes                                                                                                           |                                                                   | ,                                                                    |                                          |
| Location Where In                                                                                             | jury Occurred:                                                           | Inmate's Housing Area                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | i   We                             | 1/6                                                                                                             |                                                                   | Book & Case                                                          | /Sentence #:<br>854 - 847                |
| Details: ፲ʌ৻᠕a                                                                                                | ite Rejes                                                                | ON -HWS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Pur                                | Was                                                                                                             | es sui                                                            | Les (a)                                                              | 1 Sylphon                                |
|                                                                                                               | HOURS IN                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | area                               | 1 West                                                                                                          | INNO                                                              | te con                                                               | npleuns                                  |
| OF Ja                                                                                                         | OFF Chal                                                                 | and a                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <i>5037</i>                        | UI DIF                                                                                                          | 100                                                               | 7 +0                                                                 |                                          |
| 7113 2                                                                                                        |                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                    |                                                                                                                 |                                                                   |                                                                      |                                          |
|                                                                                                               |                                                                          | FARER_                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | also                               |                                                                                                                 |                                                                   |                                                                      |                                          |
|                                                                                                               |                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                    |                                                                                                                 |                                                                   | e* .                                                                 |                                          |
| Supervisor Notified                                                                                           | (Print Last Name Firs                                                    | st Name/, Rank, Shield a                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>#</b> ):                        | i periodo de propositivo periodo de la como d | Date:                                                             | at medicides chesis to occupation of selection in the entitle to the | Time:                                    |
| Cupervisor Notifice                                                                                           |                                                                          | Warred                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Drin                               | Bal                                                                                                             | Jato.                                                             |                                                                      | Hrs.                                     |
| Employee: I 🔽 ([                                                                                              | Oid) Did Not) Witness                                                    | Employee Full Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | (print):                           | Employee Signat                                                                                                 | OTA:                                                              | Rank/Title:                                                          | Shield/ID#:                              |
| Employee. I [V] (c                                                                                            | This Injury.                                                             | 2000 and the control of the control | (print).                           |                                                                                                                 |                                                                   |                                                                      |                                          |
| TO DE COMPI                                                                                                   | ETED BY MEDIC                                                            | CAL STAFF ONLY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | (DI FAC                            | E DRINT (1 EAR)                                                                                                 | VI T                                                              |                                                                      |                                          |
| Designation and the second state of the second second second                                                  | an ar te gradett militet kristlandste sja samlike (opprended stocke es t | land and territorial additional properties and territorial and the second                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | to for Landenava-landesholderes (i | van palain sekkala seja kai lista seksi antiokkain laisi seksi laidasi elimentelisi.                            | harallahati yata asawa a Cojay                                    |                                                                      |                                          |
|                                                                                                               | Reported for Medical At<br>Date                                          | ttention: Inmate Re                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | efused Medica                      | Al Attention:                                                                                                   | Visible                                                           | Injuries:                                                            | ☐ No                                     |
| Nature/Reported Mecha                                                                                         | anism of Injury:                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                    |                                                                                                                 |                                                                   |                                                                      | ical Staff Must Note<br>ation of Injury: |
| Calect "Pending -   Laceration requiring   Dislocation   Structural injury to hepatic laceration   NO SERIOUS | g sutures, staples or glue (e.g. de<br>o organ (e.g. corneal abrasion,   | ermabond) Fracture Tendon Tear                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | g / imaging / fo                   | Clinical Amputa                                                                                                 | Nasal Fracture<br>tion<br>g burn involving t<br>otal body surface | he face or                                                           |                                          |
| Please check which a                                                                                          | _                                                                        | nents (If applicable): I Transfer:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Intra-Depa                         | rtmental Transfer                                                                                               |                                                                   |                                                                      |                                          |
| Initially Triaged/Tr                                                                                          | reated By/Examined By                                                    | / (Print and Sign Full Na                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | ame):                              |                                                                                                                 |                                                                   | Date:                                                                | Time:                                    |
|                                                                                                               | I certify that the cau                                                   | se of injury as stated                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | herein is to r                     | ny knowledae true an                                                                                            | d medical at                                                      | tention was prov                                                     |                                          |
| Inmate Signature:                                                                                             |                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                    | / Sentence #:                                                                                                   |                                                                   |                                                                      | Date:                                    |
| Witnessed By (Sig                                                                                             | inaturo).                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Pari                               | √Title:                                                                                                         | Shield /I.D                                                       | ) #·                                                                 | Date:                                    |
| vvituessea By (Sig                                                                                            | mature):                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Kanl                               | ville.                                                                                                          | Sineia /I.L                                                       | ν. π.                                                                | Date.                                    |



### **CORRECTION DEPARTMENT** CITY OF NEW YORK

#### **ATTACHMENT** D



Form: 6500D **HEARING REPORT AND NOTICE OF** Eff.: 07/09/21 **DISCIPLINARY DISPOSITION** Ref. : Dir. 6500R-G **GRVC** Infraction #: 12/23 Institution: Individual's Name (Last, First): REYES, DAQUAN NYSID #: 11638139L B&C/ 4411804847 Sentence #: Disposition Disposition 1/24/23 Hrs. Adjudication Captain (Print Name, Rank & Shield #): ANDJELOVIC, CAPTAIN, #1750 Hearing Start Date: Hearing End Date: 1/18/23 Individual's Accompanying card Indicates Individual Received Rule Book: Yes No Individual requested Witness(es): Yes No Waived Request Granted Denied (If waived, individual must sign. If denied, state reason.) DISMISSAL Yes No Waived Request Granted (If yes, Hearing Facilitator must sign.) If waived, individual must sign.) Individual requested Hearing Facilitator: Reason: DISMISSAL (If yes, interpreter must sign. If waived, individual must sign. If denied, state reason.) Individual Requested Interpreter: Yes No Waived Request Granted Denied DISMISSAL If individual advised of right to remain silent was individual advised that statements could be used against him/her. Not Applicable Hearing in Absentia: Individual Refused to Appear Removed from Hearing Due to \_ Specify Reason Adjournment: By Adjudication Captain Date Reconvened \_\_\_\_\_\_ ADW authorization beyond (5) business days By Individual Waived Time Limits to Facilitate Adjournment (Individual Signature) Mental Health Security Inspector General Guilty Not Guilty Guilty with an Explanation Individual Pled: Summary of individual 's Testimony: DISMISSAL The following witness(es) testified at your hearing. (If additional witnesses testified, attach additional sheets.) Rank/Title, Shield/ID # (if staff), B&C/Sentence # (if inmate): Witness Name (Last Name, First Name): Witness Signature (Present at Hearing): Witness testified in the presence of the charged inmate: Yes No If no, state reason: Summary of Testimony: DISMISSAL Testimony was: Credited Rejected Witness Name (Last Name, First Name): Rank/Title, Shield/ID # (if staff), B&C/Sentence # (if inmate): Witness Signature (Present at Hearing): Witness testified in the presence of the charged inmate: Yes No If no, state reason: Summary of Testimony: DISMISSAL Testimony was: Credited Rejected



## CORRECTION DEPARTMENT **CITY OF NEW YORK**

Page 2 Form: 6500D

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|--------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|----------------------------------------------|-----------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------|--------------------------------------------------------------|---------------------------------------|
| DOCUMENT                       | ARY EVIDEN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | CE (Where                                       | e applicab                                   | le)                                     | ·                                                                                                                                                    |                                 |                                                              |                                       |
| Photograph of                  | of Injury:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                 |                                              | Yes 🛂 N                                 | 0 6500 AB                                                                                                                                            | S                               | hown to Individual: 🗜                                        | Yes □ No                              |
| Photocopy o                    | f Weapon:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                 | [                                            | ∃Yes ☑k                                 | 10 1CR-1                                                                                                                                             | S                               | hown to Individual:                                          | Yes No                                |
| Reports - Sp                   | ecify Types:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                 | 7                                            | Yes D                                   |                                                                                                                                                      | . S                             | hown to Individual:                                          | Yes No                                |
| Logbooks - S                   | Specify Types:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                 | [                                            | J Yes ⊿                                 | 10 NIK TOST report                                                                                                                                   | S                               | shown to Individual:                                         | Yes No                                |
| Infraction Inv                 | estigation:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                 | į                                            | ZYes □ N                                |                                                                                                                                                      | S                               | hown to Individual: E                                        | Yes No                                |
| Physical Evi                   | dence (List):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                 | [                                            | ZYes □ N                                |                                                                                                                                                      | is s                            | hown to Individual:                                          | Yes No                                |
| Witness Stat                   | ements (List V                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Vitnesses)                                      | :. [                                         | J Yes □∕n                               | 370<br>Phats                                                                                                                                         | · S                             | Shown to Individual:                                         | Yes No                                |
| On this date                   | and time follow                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | wing dispo                                      | sition was                                   | reached after                           | a hearing on the charges listed below:                                                                                                               |                                 | 2/2/23                                                       | 7500                                  |
| Charge #                       | Dismissed                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Penalty                                         | Guilty                                       | Not Guilty                              | Basis for Findi                                                                                                                                      | ngs & Ev                        | vidence Relied On                                            |                                       |
| 103,05                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                 | . /                                          |                                         | posed or steel                                                                                                                                       | 6                               | ) i :                                                        | Consul                                |
| · V                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                 |                                              | i                                       |                                                                                                                                                      |                                 |                                                              | dis                                   |
| 103,11                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                 |                                              |                                         | geneter smeill                                                                                                                                       | are                             | where 4                                                      | te                                    |
| 105,16                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                 |                                              |                                         | conine hardler e<br>evited with deci                                                                                                                 | entoc                           | od your ce                                                   | of fested                             |
|                                | ÷                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                 |                                              |                                         | positive der                                                                                                                                         | fente                           | my I for                                                     | d                                     |
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| ·<br>·                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | -                                               |                                              |                                         | grazez 198411                                                                                                                                        | 3                               | 05,16                                                        |                                       |
|                                | <u></u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                 |                                              | ·                                       |                                                                                                                                                      |                                 |                                                              | V                                     |
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| Commissary                     | restriction for                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Grade I o                                       | r Grade II                                   | offenses only:                          | If yes: (select one)                                                                                                                                 |                                 |                                                              |                                       |
| Yes 🔽                          | <u> </u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | No                                              | , 🗆                                          |                                         | Grade I (14 day freeze)                                                                                                                              | Grad                            | e II (7day freeze)                                           |                                       |
| If you have                    | been found gu                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | ilty of mult                                    | iple rule v                                  | iolations, thes                         | e penalties will be served:                                                                                                                          | Conse                           | cutively Concurr                                             | rently                                |
| Infraction D<br>Reason:        | ismissed:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Yes                                             | Q/i                                          | No                                      |                                                                                                                                                      |                                 |                                                              |                                       |
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|                                | voices - 2 5 5 5 5 mm v. Andreadold - 2 5 5 5 5                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                 |                                              |                                         | · · · · · · · · · · · · · · · · · · ·                                                                                                                |                                 |                                                              |                                       |
| Pre-Hearing                    | Detention Tir                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | me Credit:                                      |                                              |                                         | Days.                                                                                                                                                | 75                              |                                                              |                                       |
| Adjudicatio                    | n Captain (Prir                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | nt Name, F                                      | Rank, Shie                                   | 1d#3                                    | Signature of Adjudicati                                                                                                                              | ion Captair                     | Zooolo                                                       |                                       |
| days of<br>segrega<br>may file | service of ation or logarithms at petition until the second in the secon | f this do<br>ss of al<br>n for a v<br>gregation | ecision<br>Il your p<br>writ und<br>on or lo | i. If you h<br>good time<br>der Article | decision rendered by the Alave been sentenced to a tot<br>on any one (1) Notice of Die<br>78 of the CPLR. If you are<br>than all your good time, you | tal of th<br>sciplina<br>senter | irty (30) days of pary Disposition (6<br>aced to less that t | ounitive<br>500D), you<br>thirty (30) |

| I certify that I received Signature of Individual: | B&C/Septence #: Time: 670 |
|----------------------------------------------------|---------------------------|
| a copy of this notice:                             | 149111091911 (2-3-65)     |
| Served by (Print Name) Rank/and Shreld #): 0 9697  | Signature of Server:      |
| Refused to Sign for Notice: Yes No                 | Witnessed By:             |

## NYC DEPARTMENT OF CORRECTION

# NOTICE OF HEARING DETERMINATION CMC/NON-ROUTINE RESTRAINT STATUS

Form: # 4505A Eff.: 05/02/06 Ref.: Dir. # 4505R



1638

| acility:                                         | Date:                                    | Book & Case No.:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
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| GRIC                                             | 1-2002                                   | 3 1441-18-04847                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| nmate Name (Last/First):                         | 1 50.00                                  | NYSID Number:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| Date of Event(s):                                | Location:                                | 11038139L                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| Jate of Event(s):                                | Location:                                | Times                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| ☐ Hearing Delayed ☐ Adjourned                    | ed                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Reason:                                          |                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
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| Inmate's Signature for Adjourn                   | ment:                                    | Date:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| Findings of Fact/Reason for Det                  |                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Allac mana                                       |                                          | & supporting descenants                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| After revour                                     | /. \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| ingliding the                                    |                                          | ler issued by wave                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| HIDISE of                                        | MS sprea                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| determined                                       | and your                                 | che non palme                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| restrent                                         | stervs is u                              | money & shot renon                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| N 64400                                          | <u> </u>                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                                                  |                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                                                  | **************************************   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                                                  |                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| The following reports and evidence Infractions   | ence were reviewed;<br>Incident Report   | I.D. Preliminary Report                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| ☐ Injury Reports                                 | Use of Force Re                          | eports                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| Arrest Records                                   | ☐ Witness Report                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Securing Orders                                  | □ 6ther: 100                             | Ldan mor                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|                                                  |                                          | ove, you are placed in CMC/Non-Routine Restraint Status.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| (Check appropriate box)                          | Tooli of the actions described at        | ove, you are placed in Civic Noir-Routine Restraint Status.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| It has been determined that your (               | CMC/Non-Routine Restraint Status is      | Continued Revoked                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| Reason: CUCINDO-                                 | outre restrain                           | of status is appropriate                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|                                                  |                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                                                  |                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                                                  |                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Hearing Officer (Name and Si                     | gnature):                                | Date:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|                                                  | Cost (Nool                               | e 1876   1/30/23                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| Delayed Service of Determina                     | ition Keason:                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                                                  |                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| I certify that I received a copy of this notice: | Inmate's Signature:                      | Date; -31-23 Time: () -11                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| Served by (Print Name, Rank                      | and shield#):                            | Signature of Server:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| RIGHT TO APPEAL: Within                          |                                          | mination you may appeal your CMC/Non-Routine Restraint Status                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| placement by writing to the Dep                  | outy Warden for Security who shall n     | espond within 7 days of the day the appeal is received. You may seel                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
|                                                  |                                          | tent at any time by writing to the Deputy Warden for Security and tenstances or newly available evidence.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| Distribution:                                    | on a similar of city                     | The state of the s |
|                                                  | : 1 - Inmate's Legal Folder 2 - Copy     | to Deputy Warden for Security                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |



# CORRECTION DEPARTMENT CITY OF NEW YORK

ATTACHMENT

#### REPORT AND NOTICE OF INFRACTION

Form: 6500A Rev. : 07/09/21 Ref. : Dir. #6500R

|                              | AND COURSE OF THE PROPERTY OF |                               |                   |                         | itel D | 11: #050011-0                  |        |
|------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|-------------------|-------------------------|--------|--------------------------------|--------|
| Infraction #:                | Institution: GRVC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Date of Incident: 02/12       | 2/23              | Time Infraction 1       | 530    | Date of 02/12                  | /23    |
| Individual's Name (Last, F   | <sup>first):</sup> Reyes, Daquan                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                               | &C/<br>sentence # | 4411804847              |        | NYSID #: 1163                  | 38139L |
| Location of Incident (Be S   | pecific): 1A, lower tier                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                               | Ho<br>Lo          | ousing Area 1A          |        | Approximate Tim Incident: 1020 |        |
| Charge #                     | Offe                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | nse                           | Charge #          |                         |        | 0                              | ffense |
| 120.10                       | Refusal to obe                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Refusal to obey direct orders |                   |                         |        |                                |        |
| 120.11                       | Refusal to obe                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | y direct orders               |                   |                         |        |                                |        |
|                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                               |                   |                         |        |                                |        |
| Reporting Official (Print N  | ame, Rank and Shield #): Henry,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | ADW #1038                     | Reporting         | g Official (Signature): |        |                                |        |
| Details of Incident (Include | e details as to How. When and Whe                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | ere Infraction was C          | Committee         | 4).                     |        |                                |        |

On February 12, 2023 at approximately 1020 hours I, ADW Henry #1038 reported to housing area 1A which is a CMC COURT ORDERED 23 HOURS LOCK DOWN housing area to conduct a tour of the area. Upon arrival to the area this writer observed inmate Reyes, Daquan B/C #4411804847/11638139L assigned to cell #3 standing on the top tier with a broom in his hand. This writer gave verbal commands to inmate Reyes to return to his cell. Inmate Reyes departed from the top tier and proceeded to the lower tier however, he walk towards the shower area and not towards his cell. This writer gave subject inmate several direct orders to return to his cell. Inmate Reyes then proceeded to his assigned cell with the broom. This writer gave subject inmate several direct orders to return the broom to this writer in which he refused. While standing in his cell this writer called for the door to be closed inmate Reyes became irate and told Officer Brown #17949 to get away from my door, due to Officer Brown not responding to inmate Reyes demands subject inmate stepped out of his cell and stated "its about to be a Use of Force". This writer instructed subject inmate to return to his cell in which he did comply, this writer once again called for the cell to be closed inmate Reyes once again stepped out of the cell and stated "fuck that you're not closing my cell door". This writer instructed inmate Reyes to step inside his cell he refused prompting this writer to deploy two (2) burst of chemical agent to his facial area, at which time inmate Reyes was secured inside of his cell terminating the incident.

You are entitled to a hearing for this infraction no sooner than twenty-four (24) hours after you are served with this notice. If you are a sentenced individual and you commit an infraction within twenty-four (24) hours prior to your discharge, and have not reached your maximum sentence expiration date, you may be served with charges and held for a hearing. The Department will make every effort to hold this hearing within three (3) business days of the service of this notice. This three (3) business day period excludes the day you are served, weekends, holidays, days you go to court (whether in person or via teleconference), days you are hospitalized or at a hospital attending a clinic, days you leave the facility for an attorney interview, days you are unavailable because you are transferred to another facility and days you are unavailable due to your absence from the facility for any purpose. The three (3) business day period is automatically extended by one (1) business day if you are transferred to another facility prior to your hearing (unless you are a Pre-Hearing Detention Individual). Commencement of a hearing after three (3) business days is at the discretion of the Adjudication Captain and is not barred by Department rules.

At your hearing you have the following rights:

- 1. Right to appear personally, unless you waive your right to appear, refuse to attend the hearing or appear at the hearing and become disruptive.
- 2. Right to make statements. If you choose to remain silent, your silence cannot be used against you. If you make a statement, such statement cannot be used in a subsequent criminal trial unless you have been given a Miranda Warning and then voluntarily testify.
- 3. Right to present material evidence.
- 4. Right to present witnesses.
- 5. Right to the assistance of a Hearing Facilitator.
- 6. Right to an interpreter if you cannot communicate well enough in English.
- 7. Right to appeal.

Within twenty-four hours of the Adjudication Captain reaching a decision of guilty, you will receive a copy of the "NOTICE OF DISCIPLINARY HEARING DISPOSITION" form informing you of the violation(s) you are found guilty of, the basis for that finding, the evidence relied upon and the penalty to be imposed. The following penalties are the maximum which may be imposed individually or in any combination:

- 1. Reprimand.
- Loss of privileges.
- 3. Loss of good time if you are a sentenced inmate.
- 4. Punitive segregation for up to thirty (30) days per each applicable individual charge.
- 5. Restitution for intentionally damaging or destroying City property.

A commissary restriction will be imposed on all inmates found guilty of a Grade I (14 day freeze) or Grade II (7 day freeze) offense. You have the right to appeal an adverse decision rendered by the Adjudication Captain.

| Interpreter Requested:                             | Yes (If                  | yes, include what language)                                        |           |              | φŹ Nο      |                          | <i>*</i> 2                            |
|----------------------------------------------------|--------------------------|--------------------------------------------------------------------|-----------|--------------|------------|--------------------------|---------------------------------------|
| Hearing Facilitator Reque                          | sted: Yes                | <b>∠</b> No                                                        |           |              |            |                          |                                       |
| Witness(es) Requested:                             |                          | f yes, include witness(es) Nam<br>Shield/ID (if staff) and Locatio |           |              | nate) 🔼 No |                          |                                       |
| Witness (Print Name):                              |                          | B&C Number:                                                        |           |              | Locatio    | Discourse and the second |                                       |
| Witness (Print Name):                              |                          | B&C Number:_                                                       |           |              | Locatio    | n:                       |                                       |
| Witness (Print Name):                              |                          | B&C Number:                                                        |           | /            | Locatio    | n:                       |                                       |
| Witness (Print Name):                              |                          | Shield/ID Numb                                                     | oer:(     |              | Post:      |                          | · · · · · · · · · · · · · · · · · · · |
| I certify that I received S a copy of this notice: | Signature of Individual: | 2 ent and                                                          | i Pn      | Date: 2/14   | 120        | Time: // ७               | -                                     |
| Served by (Print Name, R                           | ank and Shield #):       | cm Op+ 367                                                         | Signature | e of Server: | 7          |                          |                                       |
| Refused to Sign for Notice                         | e: Yes                   | □ No /                                                             | Witnesse  | d By:        |            |                          |                                       |



# CORRECTION DEPARTMENT CITY OF NEW YORK

ATTACHMENT

### PEDADT AND MOTICE OF INEDACTION

Form: 6500A Rev.: 08/04/15 Ref.: Dir. #6500

| A STUDIO                                                                                                     | KE                                                                                                               | PORT AND I                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | NOTICE OF                                                                                                        | NEKACI                                                                               | IUN                                                                                                                 | Rev. : 0                                                                | 8/04/15<br>r. #6500R-C                                                                           |                                                                         | <i>y</i>                                                    |
|--------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------|-------------------------------------------------------------|
| Infraction #:                                                                                                | Institut                                                                                                         | ion:GRVC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Date of 11/1                                                                                                     | 6/22                                                                                 | Time Infraction 14                                                                                                  | 100                                                                     | Date of 11/1<br>Report:                                                                          | 7/22                                                                    | of<br>or                                                    |
| Inmate Name (Last                                                                                            | , First): Re                                                                                                     | yes Daquar                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                  |                                                                                      | 411804847                                                                                                           | 7                                                                       |                                                                                                  | 38139                                                                   | 44.                                                         |
| Location of Incident                                                                                         | t (Be Specific): Bu                                                                                              | ilding 2A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                  | Housi<br>Locat                                                                       | ng Area Building                                                                                                    | g 2A                                                                    | Approximate Ti<br>Incident: App                                                                  | me of<br>r 1127 H                                                       | <u></u><br>г <u>я:</u>                                      |
| Charge #                                                                                                     |                                                                                                                  | Of                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | fense                                                                                                            | Charge #                                                                             |                                                                                                                     |                                                                         |                                                                                                  | Offense                                                                 | - W-                                                        |
| 109.10                                                                                                       |                                                                                                                  | Physically                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Resist staff                                                                                                     |                                                                                      |                                                                                                                     |                                                                         |                                                                                                  |                                                                         | .4.                                                         |
| 120.10                                                                                                       |                                                                                                                  | Refused o                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | lirect order                                                                                                     |                                                                                      |                                                                                                                     |                                                                         | · · · · · · · · · · · · · · · · · · ·                                                            |                                                                         | .au                                                         |
|                                                                                                              |                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                  |                                                                                      |                                                                                                                     | <del></del>                                                             |                                                                                                  |                                                                         |                                                             |
| Reporting Official (                                                                                         | Print Name, Rank a                                                                                               | nd Shield #): Ritte                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | CO # 7994                                                                                                        | Reporting O                                                                          | fficial (Signature):                                                                                                | ilali                                                                   | fee '                                                                                            | ف                                                                       |                                                             |
|                                                                                                              |                                                                                                                  | How, When and W                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                  |                                                                                      |                                                                                                                     |                                                                         |                                                                                                  |                                                                         |                                                             |
|                                                                                                              |                                                                                                                  | er 16 2022 at                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                  |                                                                                      |                                                                                                                     |                                                                         |                                                                                                  |                                                                         |                                                             |
|                                                                                                              |                                                                                                                  | th to retrieve a                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                  |                                                                                      |                                                                                                                     |                                                                         |                                                                                                  |                                                                         |                                                             |
|                                                                                                              |                                                                                                                  | ord hanging on the control of the co |                                                                                                                  |                                                                                      |                                                                                                                     |                                                                         |                                                                                                  |                                                                         |                                                             |
|                                                                                                              |                                                                                                                  | . The cell # 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                  |                                                                                      |                                                                                                                     |                                                                         |                                                                                                  |                                                                         |                                                             |
|                                                                                                              |                                                                                                                  | e advanced to                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                  |                                                                                      |                                                                                                                     |                                                                         |                                                                                                  |                                                                         | e :                                                         |
|                                                                                                              |                                                                                                                  | te to seize his                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                  |                                                                                      |                                                                                                                     |                                                                         |                                                                                                  |                                                                         |                                                             |
| contact with                                                                                                 | n this writer. T                                                                                                 | his writer the                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | n utilized upp                                                                                                   | er body c                                                                            | ontrol holds                                                                                                        | to the u                                                                | pper torso                                                                                       | of said                                                                 |                                                             |
|                                                                                                              |                                                                                                                  | ate to the bed                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                  |                                                                                      |                                                                                                                     |                                                                         |                                                                                                  |                                                                         |                                                             |
|                                                                                                              |                                                                                                                  | y officer Your                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                  |                                                                                      | es was assi                                                                                                         | sted to I                                                               | nis feet and                                                                                     | escorte                                                                 | ed of                                                       |
| the cell and                                                                                                 | out of the ho                                                                                                    | using area te                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | rminating the                                                                                                    | incident.                                                                            |                                                                                                                     |                                                                         |                                                                                                  |                                                                         | • •                                                         |
|                                                                                                              |                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                  |                                                                                      | * - 1                                                                                                               |                                                                         |                                                                                                  |                                                                         |                                                             |
|                                                                                                              |                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                  |                                                                                      |                                                                                                                     |                                                                         |                                                                                                  | 4                                                                       |                                                             |
| served with charge<br>notice. This three<br>teleconference), do<br>because you are tr<br>period is automatic | es and held for a he<br>e (3) business day<br>ays you are hospita<br>ansferred to anothe<br>cally extended by on | y-four (24) hours pri-<br>earing. The Departn<br>y period excludes t<br>lized or at a hospita<br>ir facility and days you<br>ie (1) business day it<br>g after three (3) busin                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | nent will make eve<br>he day you are s<br>al attending a clinic<br>ou are unavailable of<br>f you are transferre | ry effort to holerved, weeke<br>, days you lead<br>tue to your ab<br>d to another fa | d this hearing with<br>nds, holidays, day<br>ave the facility for<br>sence from the faci<br>acility prior to your h | in three (3)<br>s you go<br>an attorney<br>ility for any<br>heanng (unl | business days of<br>to court (whether<br>interview, days<br>purpose. The the<br>ess you are a Pr | of the servicer in person<br>you are una<br>ree (3) busin<br>e-Heanng D | e of this<br>n or via<br>available<br>ness day<br>detention |
| At your hearing you                                                                                          | u have the following                                                                                             | rights:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                  |                                                                                      | -                                                                                                                   |                                                                         |                                                                                                  |                                                                         | <del>-</del>                                                |
|                                                                                                              |                                                                                                                  | nless you waive you                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                  |                                                                                      |                                                                                                                     |                                                                         |                                                                                                  |                                                                         |                                                             |
| 2. Right to m<br>be used in                                                                                  | nake statements. If<br>n a subsequent crim                                                                       | you choose to rema<br>inal trial unless you                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | in silent, your silend<br>have been given a                                                                      | e cannot be u<br>Miranda Warn                                                        | sed against you. If<br>ing and then volunt                                                                          | r you make<br>tanly testify.                                            | a statement, suc                                                                                 | n_statement                                                             | cannot                                                      |
| 8                                                                                                            | resent material evid                                                                                             | -                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | J. J. J. W.                                                                                                      |                                                                                      |                                                                                                                     |                                                                         |                                                                                                  |                                                                         |                                                             |
| ,                                                                                                            | resent witnesses.                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                  |                                                                                      |                                                                                                                     |                                                                         | 4                                                                                                |                                                                         | 5 70 PA                                                     |
|                                                                                                              | he assistance of a H                                                                                             | learing Facilitator.<br>cannot communicate                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | well enough in En                                                                                                | nlich                                                                                | •                                                                                                                   |                                                                         | .)                                                                                               | •, •                                                                    |                                                             |
| 6. Right to a 7. Right to a                                                                                  |                                                                                                                  | annot communicate                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | wen enough in En                                                                                                 | , IIOII.                                                                             |                                                                                                                     |                                                                         |                                                                                                  |                                                                         |                                                             |
| Within twenty-four<br>DISPOSITION" for                                                                       | hours of the Adjudic                                                                                             | cation Captain reach<br>the violation(s) you a                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | re found guilty of, t                                                                                            | he basis for th                                                                      | at finding, the evide                                                                                               | e "NOTICE<br>ence relied                                                | OF DISCIPLINAI upon and the pe                                                                   | RY HEARIN<br>nalty to be in                                             | G<br>mposed.                                                |
|                                                                                                              |                                                                                                                  | um which may be im                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | posed individually                                                                                               | or in any comb                                                                       | oination:                                                                                                           |                                                                         |                                                                                                  |                                                                         | ب                                                           |
| <ol> <li>Repriman</li> <li>Loss of primar</li> </ol>                                                         |                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                  |                                                                                      |                                                                                                                     |                                                                         | , .                                                                                              |                                                                         |                                                             |
|                                                                                                              | ood time if you are a                                                                                            | a sentenced inmate.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                  |                                                                                      |                                                                                                                     |                                                                         |                                                                                                  |                                                                         | -                                                           |
|                                                                                                              | •                                                                                                                | thirty (30) days per                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | each applicable inc                                                                                              | dividual charge                                                                      | <b>2.</b>                                                                                                           |                                                                         |                                                                                                  |                                                                         |                                                             |
|                                                                                                              |                                                                                                                  | amaging or destroyir                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                  | - fa                                                                                 | of a Condo 1 a C                                                                                                    | do II effe                                                              | _                                                                                                |                                                                         |                                                             |
| A twenty five (\$25)<br>You have the right                                                                   | ) dollar disciplinary s<br>t to appeal an adver                                                                  | surcharge will be imp<br>se decision rendered                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | oosed on all inmate<br>I by the Adjudication                                                                     | s tound guilty on<br>Captain.                                                        | ot a Grade I or Gra                                                                                                 | ae II offens                                                            | e. ·                                                                                             |                                                                         |                                                             |
| Interpreter Reques                                                                                           |                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ude what language                                                                                                |                                                                                      |                                                                                                                     | Z                                                                       | No                                                                                               |                                                                         |                                                             |
| Hearing Facilitator                                                                                          | r Requested:                                                                                                     | Yes 🕦                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 10                                                                                                               |                                                                                      |                                                                                                                     |                                                                         |                                                                                                  |                                                                         |                                                             |
| Witness(es) Requ                                                                                             | ested:                                                                                                           | Yes (If yes, inc<br>or Shield/I                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | lude witness(es) N<br>D (if staff) and Loca                                                                      | ame, Book and<br>ation (if inmate                                                    | d Case Number (if i<br>) or Post (if staff).                                                                        | inmate)                                                                 | No                                                                                               |                                                                         | ¢                                                           |
| Witness (Print Nar                                                                                           | me):                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | B&C Numbe                                                                                                        | r:                                                                                   |                                                                                                                     |                                                                         | Location:                                                                                        |                                                                         |                                                             |
| Witness (Print Nar                                                                                           | me):                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | B&C Numbe                                                                                                        | r:                                                                                   |                                                                                                                     |                                                                         | Location:                                                                                        |                                                                         | 2 :                                                         |
| Witness (Print Na                                                                                            | me):                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | B&C Number                                                                                                       |                                                                                      |                                                                                                                     |                                                                         | Location:                                                                                        | <u> </u>                                                                |                                                             |
| Witness (Print Nar                                                                                           |                                                                                                                  | /                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Shield/ID Nu                                                                                                     | mber:                                                                                |                                                                                                                     |                                                                         | Post:                                                                                            |                                                                         |                                                             |
| I certify that I rece<br>a copy of this notice                                                               | ce:                                                                                                              | Kejn                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | JA 2                                                                                                             | Ý.                                                                                   | Date: 1/1                                                                                                           | 4/22                                                                    | Time:                                                                                            | 1341                                                                    | · · · · · · · · · · · · · · · · · · ·                       |
| Served by (Print N                                                                                           | lame, Rank and Shi                                                                                               | ield#):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 131)                                                                                                             | Signatur                                                                             | e of Server:                                                                                                        | _                                                                       |                                                                                                  |                                                                         | ik                                                          |
| Refused to Sign fo                                                                                           | or Notice:                                                                                                       | Yes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | ☐ No                                                                                                             | Witnesse                                                                             | d By:                                                                                                               | ati                                                                     | 3363                                                                                             |                                                                         |                                                             |
| 1                                                                                                            |                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                  | 1 (                                                                                  | 1011 X                                                                                                              | 11/2                                                                    | د کو ک                                                                                           |                                                                         |                                                             |

Case 1:23-cv-01145-LGS Document 7 Filed 03/23/23 Page 225 of 225 Aflecander Wallow 141-180 -11822 09-09 HAZEN ST Owens NY 11370 DEGEIVE T PRO SE OFFICE Pro-Se Intakt Unit